REPORT RESUMES

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PARENT ATTITUDES IN REARING MENTALLY RETARDED CHILDREN.
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POSITIVE AND NEGATIVE ASPECTS OF REARING MENTAL RETARDATES WERE IDENTIFIED AND MEASURED DURING THIS STUDY BY EXAMINATIONS OF PARENTAL ATTITUDES AND HOW THESE ATTITUDES OFTEN AFFECT THE DAILY BEHAVIOR AND LEARNING READINESS OF CHILDREN WHILE IN SCHOOL. BEHAVIORAL FACTORS OF THE INDIVIDUAL CHILD WERE ANALYZED AND COMPARED WITH STATISTICS COVERING FAMILY STATUS AND STABILITY, AND BOTH CONSIDERATIONS WERE INVESTIGATED AS RELATIVE CONTRIBUTORS TO PARENTAL ATTITUDE. THE SAMPLE WAS DRAWN FROM PARENTS OF 400 MENTALLY RETARDED CHILDREN, VARYING IN MENTAL ABILITY AND FAMILY-SCHOOL ENVIRONMENTS AND REPRESENTING A WIDE RANGE OF SOCIAL, ECONOMIC, AND CULTURAL INFLUENCES. THE DATA WERE GATHERED THROUGH DIRECT INTERVIEWS WITH THE PARENTS. FINDINGS OF THIS STUDY INDICATE THAT MOST PERTINENT IN AN INDEX OF FAMILY ACCEPTANCE OR INTEGRATION ARE THOSE QUALITIES IN THE PARENTS THEMSELVES RELATED TO HIGH SELF-ESTEEM, LOW CHILD-REARING ANXIETY, LOW SEX ANXIETY, HIGH HUSBAND-WIFE AGREEMENT ON CHILD-REARING TECHNIQUES, LOW FEELINGS OF SELF-BLAME, AND HIGH AFFECTIONAL INTERCHANGE BETWEEN THE CHILD AND BOTH PARENTS. FURTHER RESEARCH WAS INDICATED IN THE AREAS OF PARENT COUNSELING AND PARENT-SCHOOL INTERACTION AND COOPERATION. (JH)

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PARENT ATTITUDES IN REARING MENTALLY RETARDED CHILDREN

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PARENT ATTITUDES IN REARING MENTALLY RETARDED CHILDREN

CHAPTER I

INTRODUCTION

Educators, psychologists and physicians have long viewed with great interest those programs of guidance which exist for parents of mentally retarded children. Until recently, recommendations to such parents faced with the responsibility of rearing atypical children have been based on meager research evidence gathered from many sources but not from the parents themselves. In the main, one receives an impression that most advice given to such parents has been gathered from the opinions and clinical impressions of many experts rather than from systematic research in the behavioral sciences. This study attempts to provide systematic evidence on patterns of child rearing of the mentally retarded child through the self-perceptions which such parents made directly available through their own statements.

No one seriously doubts the influence of the child rearing attitudes and practices of parents on the ego and emotional development of their child. What may also be important are the parent relationships with the school, the major source of the child's learning and behavioral development. How a parent reacts to the handling of the child by the school authorities may depend greatly on the various dimensions of the parent-child interaction and what socio-cultural limitations influence the parents in molding the personality of the child.

Generally, parents rear their children as a function of family tradition, of memories of their own childhood and their reactions to the practices of their own parents. But where would normal parents of mentally retarded children develop the reservoir of memories to fit the rearing of a mentally retarded child? Only "mentally retarded" parents themselves could have such memories. One might then hypothesize that many parents of mentally retarded children might feel quite inadequate as child rearers and develop feelings of guilt and anxiety.

The Problem

The purpose of this study is to identify and measure the child rearing experiences of parents of mentally retarded children in terms of dimensions common to all such parents through statements which mothers of retarded children made in electrically recorded, relatively unstructured, but standardized, open-ended interviews.

The questions which were considered for investigation with this research concern themselves with the following:

1. Do the attitudes of the parents of the mentally retarded boys differ from those of the parents of mentally retarded girls?
2. Do the attitudes of the parents of educable mentally retarded children differ from those of parents of severely mentally retarded children?
3. Do the attitudes in rearing their mentally retarded children differ between parents of upper, middle, and lower socio-economic status?
4. Do the attitudes of the parents of mentally retarded children differ as related to such factors as birth order, I.Q. level of the child, and age of the mother at time of birth of the child?

Other purposes of this study are: (a) to gain insight into the impact of mental retardation in families; (b) to ascertain what parental attitudes expressed by mothers of mentally retarded children are related to such factors as chronological age and number of siblings of the child, and socio-economic status, education level, marital and residence stability of the parents; (c) to provide data which will make it possible for the schools to strengthen their guidance program and curriculum for mentally retarded children, and to aid in individual and group counseling programs for parents; and (d) to provide a basis for further research on a longitudinal basis so that in studying the behavioral patterns of the children whose mothers have been interviewed, it will be possible to establish parental attitudes as personality correlates of children's behavior.

The interview schedule (Appendix B), which was the main instrument used in eliciting responses, is composed of a series of open-ended questions so designed as to neither limit nor give free reign to response evocation. The major areas covered by the schedule include the following:

1. Parental attitudes about mental retardation prior to the birth of the mentally retarded child.
2. Parental reaction to problems of early infancy (the discovery of various handicaps).
3. Parental reaction to the diagnosis of mental retardation.
4. Parental handling of pre-school training of their mentally retarded child.
5. Parental experience with initial school placement, including aspects of training, problems of dependency and obedience, control of aggression, and the child's adjustment to the regular school program.
6. Parental acceptance of the preparation for their child's admission to the special class including the nature of the psychological report, acceptance of need for placement, and the manner in which diagnosis of the child's handicap was communicated to the parents prior to the child's placement in a special class.
7. Parental attitudes about the special class program, including opinions about educational program, relationship with teachers and other school personnel.
8. General aspects of the mother's adjustment, the father's adjustment, the relationship of the siblings with the mentally retarded child and the reactions of grandparents and other relatives.

9. Reaction of the mentally retarded child to the neighbors and their children--and their reaction to him.
10. Various aspects of the present functioning of the mentally retarded child (presence of secondary handicaps).
11. Parental feelings about the problems of future planning.
12. Parental attitudes about the role of various helping agencies (parent groups, clinics, professionals).

In this report, the findings will be mostly concerned with the areas outlined in sections 5, 6 and 7, above.

Significance of the Problem

The rapid increase in the total number of mentally retarded children, as well as the growth of the number of special classes for mentally retarded children imposes an obligation on both those who work with the children as well as those who work with the parents to make as comprehensive an evaluation as possible of the influences which surround the rearing of such children. The need for study of parent-child relationships is important for all children, but particularly crucial for parents of the mentally retarded. As French points out: (1)*

> The parents of average children have the resource of their own life experience as a basis for social, educational and career planning for their offspring. By contrast, parents of the handicapped must plan for their children, who are in some respects so deviant from average, that planning for them cannot follow patterns drawn from parental experience. As a result, parents of the handicapped feel 'at a loss' on a very realistic basis, and with this sense of inadequacy come feelings of guilt and anxiety.

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*Parenthetical numbering refers to references found on pages 93-95.

Sarason (2) supports this point of view by adding that the culture of the garden variety defective has not as yet been studied and analyzed in a systematic manner. Tarjan (3) has pointed out that in the cultural setting of the United States, intellectual normalcy is one of the greatest expectations of a parent for his child. The birth of a severely retarded child is generally looked on as a tragic experience by most parents.

Limitations of the Study

Each parent of the educable mentally retarded group was selected on the basis of having a child who had been classified by a school psychologist as mentally retarded. Each parent of the severely mentally retarded group was selected on the basis of having a child identified by a physician--or psychologist--as being severely mentally retarded (see page 8 for definition of terms).

The names of families selected to be asked to participate were randomly drawn from lists of parents of children in classes for the retarded. No control was possible as to which families would or would not come in for the interview. On the whole, the parents of the educable mentally retarded children were more representative of higher socio-cultural levels and more stable families than is typically the case. About three out of five families of educable mentally retarded children asked to participate, did so. Almost every one of the families of the severely retarded who were called, participated. One might well speculate that of educable retarded children families who did not choose to participate may have been the very families most sorely needed for a thoroughly representative sample.

The interview with the mother was concerned with the retarded and no attempt was made to assess the mother's feelings about other children in the family, though it was known in some cases that siblings were also retarded. Another limiting factor was that the experiences of child rearing were obtained in a single interview situation. It is not assumed that all the basic attitudes and feelings regarding child rearing were elicited or expressed in the single interview. Furthermore, there could be little doubt that mothers were influenced by a preconception of what would be proper and fitting in a discussion of their children. Reluctance to divulge information of a guilt-provoking nature was expected.

While there are factors or conditions which detract from the direction and depth of feelings and attitudes, they are prevalent in both the mothers of the educable retarded and the mothers of the severely retarded, and should not distort the significance of findings of differences between the groups. The material revealed is that which the mother feels she can safely discuss, on which she would be willing to seek counsel from the school, and about which the school may be able to offer some guidance.

One must also realize that the factor of remote recall would tend to distort the memories of anxious and self-conscious mothers. In such areas as weaning and toileting, some investigations have pointed out that maternal recollections of infant occurrences are often unreliable. This may prove particularly pertinent in regard to the mothers of the secondary educable mentally retarded children. On the other hand, the 100 mothers of the preschool severely retarded children discussed events within a much more recent period.

Definition of Terms

The term mentally retarded (abbreviated to MR) is used generically in this study to include all levels of retardation.

Educable mentally retarded (EMR) refers to those children who, because of intellectual retardation, can not profit efficiently from a regular class, but can be expected to profit from a special class program designed to provide them with sufficient academic, social and occupational skills needed to live as independent, productive citizens. In this study, their IQ scores ranged from 46 to 84.

Severely mentally retarded (SMR) children are not able to acquire a functional level of ability in academic subjects, but can benefit from special class instruction designed to educate and train them to further their individual acceptance, social adjustment and economic usefulness in their homes or within a sheltered environment. In this study, IQ scores range from 25 to 50 for the pre-school SMR children, and from 40 to 50 for the public school SMR children.

Dimensions or attributes--used interchangeably in this study--refers to some describable aspect of behavior that can be clearly and accurately differentiated from other aspects, and is quantifiable.

Socio-economic status (SES) was determined for each family, based on three factors: father's occupation, education and income level. (see page 18 for detailed description of determination of SES groups)

CHAPTER II

REVIEW OF THE LITERATURE

Various studies on parent attitudes and child rearing practice attempt to identify or establish a cause-effect relationship between the way parents understand, feel about, and treat their children on the one hand, and the way these children evolve physically, socially, and emotionally on the other hand.

Recent studies initiated by Sears, Maccoby and Levin (4)* have delved deeply into the role of the mother-child relationship of the normal child. The methodology therein established of the electrically recorded, relatively open-ended interview schedule, as well as some of the hypotheses tested were used in the instant study. Miller and Swanson (5) have also used a similar approach in studying a parent-child relationship of normal children with particular emphasis on social differences in both home atmosphere and child rearing as related to weaning, toileting, positive discipline, and obedience.

Farber (6, 7 & 8) has recently made a major contribution to our information concerning the effect of a severely retarded child on family integration. Based on over 200 interviews involving both parents, these monographs provide considerable data to be considered in counseling parents with severely mentally retarded children.

Thorne and Andrews (9) emphasize the importance of the stable home environment by pointing out the close relationship between the behavior of the mentally retarded and the stability of the environment. Where the educable and severely retarded are able to continue in the community, it has been found they are protected by an adequate home environment. As community resources for the care and education of retarded children become increasingly available, institutions for residential care will be limited more and more to custodial cases and emotionally unstable types who are unable to adjust in the community.

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* Parenthetical numbering refers to references found on pages 93-95.

Thorne stresses the importance of making detailed studies of the parent-child relationships in order to determine the factors which contribute to maladjustment. Schumacher (10) is another who stresses the importance of coping with the parental attitudes and anxiety by helping the parents, by removing the seriously disturbed persons from the child's environment, or by transfer of the child to a more stable environment. Levy (11) designates the condition of maternal overprotection as being rather typical of the relationship of mothers with deformed or defective children. Wardell (12) finds that if a family is overprotecting the mentally retarded child, it is usually well fortified with reasons why it is doing so. Some parents are even more unrealistic by denying that any retardation exists and by finding a variety of reasons for the handicapped person's difficulties. Kanner (13) views the parental reactions with greater circumspection by recognizing different levels of adjustment to the condition in their children. These are:

1. Mature acknowledgement of actuality makes it possible to assign to the child a place in the family in keeping with his specific peculiarities.
2. Disguises of reality create artificialities of living and planning which tend to disarrange the family relationships.
3. Complete inability to face reality in any form leads to its uncompromising denial.

A study by Grebler (14) on eleven cases of children with I.Q.'s below 75 analyzed the problems of their parents and delineated them from problems of parents of normal children. It was shown that parents of mentally retarded children were exposed to more trying experiences than the parents of the normal children. She concluded that: (a) many of the experiences of frustration by parents of the mentally retarded children are due to elements inherent in the child's condition and limitations imposed by the outside world; (b) parents react to this frustration in terms of their own personality difficulties; (c) the parents' reaction to the condition of mental retardation was interwoven with their general attitude toward the child. She pointed out further that parents who tend to condemn the outer world for the child's condition also tend to reject the child. Those who react with feelings of guilt and condemn themselves show ambivalence towards the child, and those who do not express any blame show acceptance of the child. She also takes the position that it is because of unfavorable parental attitudes that mentally retarded children show behavior problems. Sheimo (15) emphasizes that the attitudes and pressures from other children and neighbors, both toward the retarded child as well as toward the parents, add to and aggravate existing inner turmoil and sense of dissatisfaction. A guilt and anxiety reducing approach to the parent would be for the person counseling the family to have the attitude that parents would have to be "superhuman" to derive the same degree of satisfaction from a defective child as from a more normal child. Teska (16) encourages the clinician to accept the parents' rationalization of the subnormality as long as it indicates acceptance of subnormality as well as recognition of it. Thus, the parents' explanation which attributes the retardation to brain injury may help to remove the social stigma from the parent.

Westlund and Palumbo (17) report on the parental attitudes in parents with crippled children. They discuss the tendency toward increased parental rejection of the child as the severity or chronicity of the debility increases. According to Thorne's (9) index of acceptance, this tendency does not apply to institutional cases of mentally deficient children.

Teska (16) mentions there is better acceptance by parents of mentally handicapped when the child is both physically handicapped and mentally retarded, or is obviously a biological accident. The parents' acceptance of the subnormality comes earlier in the child's life and there is not as likely to be as much pressure on him to achieve up to the standards of the average group. Teska holds that the retarded child is likely to be more seriously harmed than a normal child by lack of parental confidence, sympathy, and understanding. The difficulty increases as the shortcoming is one which may be hereditary, hence reflecting upon the parent by possibly carrying the weight of a social stigma. Since the family is such an important part of the child's environment, especially during the early formative years, the adjustment of the parent is considered very significant. The subnormal child, it is explained, especially during the preschool and early school years, is so seldom a credit or source of joy to his parents, that this fact is likely to be at once the cause of his parents' frustration and humiliations and the recipient of the harmful effects.

Walker (18) states that the emotional structure of the parent must be relatively sound to withstand psychiatric disturbances. The retarded child may arouse feelings of accusation in both parents which would greatly jeopardize the intactness of the home. She adds, however, that the intellectual level of the parent is a factor in identification with the retarded child, where the less intelligent parent finds it easier to relate to the child.

Reporting on a parent education project in Flint, Michigan, Popp and others (19) listed the concerns of twenty-two parents of severely retarded children. Among the problems experienced were the need for special training facilities; problems of insecurity, hostility, undesirable habits, and sexual feelings in the child; recreational outlets and social experience for the children; and better understanding by the parents of such things as compulsive disorders and brain injury, and family and community relationships. Nugent (20), Horsefield (21), Rautman (22), and Johnstone (23) emphasize the importance of facilities and services including foster home placement programs, parent and public education, and home training to help the parents come to a better understanding of the broader implifications of each child's mental capacity. Among certain groups Sheimo (15) found in his clinical experience that parents are not lacking as to some idea of their child's intellectual level, even though the parental behavior toward the child may be inconsistent with this knowledge.

Coleman (24), reporting on a therapy project with parents of mentally retarded children who attend a private school in Los Angeles, goes into more detail about the specific problems raised by the parents. This group was of lower-middle class socio-economic status with an average educational level of tenth grade. Among the major problems they observed were:

1. Acceptance of themselves as parents of mentally deficient children without feeling guilty or devaluated.
2. Acceptance of the mentally retarded child.
3. Adjusting the parental level of aspiration consistent with the child's actual abilities.
4. Over-indulging the child and making all kinds of special concessions for him.
5. Relations with normal siblings.
6. Sexual problems of the mentally deficient child.
7. Keeping the child in the home or the decision to place him in an institution.
8. Providing for the child's future.
9. Providing things for the child to do in the home.
10. Things the parents might do to help the school.

A study of how the parent views the action of the culture--the neighbors, school, family, and friends--should throw some light on the extent to which the parent himself feels at variance with the demands which society imposes indirectly on him through the retarded child. If the parent did not need the approval of society through meeting these standards, he would tend toward unawareness or unconcern for them.

> American parents send their children to school, to nursery school or kindergarten or first grade, to measure up and to be measured against their contemporaries. ..."How does my child stand in relation to his age mates?" becomes the only question which can be asked with any hope of an intelligible answer... When the school, like the pediatrician and the child health center, can offer American parents only a relative standard, parents cling to it; they punish and reward in its name. (25)

Sarason (2) points out that the culture of the garden variety defective has not been studied and analyzed in a systematic manner. In their own cultural milieu the behavior of these children would not appear unusual. It is when they are judged by the values of other cultural settings and forced to adjust to situations such as the school in which they lack interest and necessary social and intellectual skills that their functioning becomes "inadequate." One aspect of the culture is the way it is presented to the child through the parent.

Mothers' understanding of their mentally retarded children was studied by means of a "directed" interview approach by Rosen (26). The mothers of thirty-six retarded children (twenty-six boys and ten girls) with I.Q.'s between 40 and 80 were chosen for the study after they had met the criteria of: (a) being able to admit their children were retarded; (b) no longer looking for a cure; and (c) trying to act constructively for their children's present and future welfare. The children were all ambulatory, had no physical stigmata of mental retardation, had never been placed in a training school for mentally retarded, and had never been reported to have severe behavior problems. The parents were American born of average socio-economic status. It was found that there was no significant correlation between the intelligence and schooling levels of the mothers with estimated chronological ages of the children when awareness and recognition of their retardation occurred. This research failed to show that the child's level of intelligence was a factor affecting awareness and recognition by these parents. The factors that led to recognition of retardation according to the Rosen study were in order of importance: (a) slowness in developmental aspect of the child; (b) poor behavior; and (c) school failures. Like Sheimo's observation, these parents were able to estimate the mental level of their retarded children with a fair degree of accuracy. In spite of the frequent mention by other writers of the significance of sibling relationships, most of the mothers in this group did not report any unusual problems due to the presence of retarded children when there were siblings. However, the fact of having a retarded child caused the majority of mothers to fear the reoccurrence of mental deficiency should they have more children. The discrepancy in this thinking was indicated by the fact that more than half felt there was a physical basis for the retardation even though only three of the children had a physical basis for their handicap. Mental retardation for these mothers was symbolized by slowness of behavior. Knowing the cause of the retardation did not seem to be essential to the mother's acceptance of her child's handicap. In general, the attitudes of the mothers were positive toward the schools when there was acceptance of the retardation. Hostile feelings arose mostly in conjunction with the recognition of difficulties in teaching the children. This finding appears significant in view of the fact that the schools ranked highest in frequency of referring mothers to sources of help. The medical profession, on the other hand, came in for more criticism. Evidence of the need by physicians to know more about the problem of mental retardation is indicated in the frequency with which parents turn to them for help. The mothers reported the majority of physicians reflected evasiveness, disregard for the mother's feelings, or lack of knowledge.

Because of their methodology and findings concerning the rearing of "normal" children, the research by Jersild and associates (27) and Del Solar (28) has been of assistance to this investigation. The Jersild study included interviews with 544 urban families primarily of middle class status who were encouraged to discuss their children on the basis of problems and joys in rearing them. Ages of the children ranged from five years and seven months to twelve years and one month. I.Q.'s were from 110 to 138 with a mean of 128. Approximately 90 per cent of the references to satisfactions and problems were classified under twelve major headings. There was evidence from both studies to show an inclination for parents from low socio-economic circumstances to give less emphasis than the high social class groups to qualities within the child himself. They would rather emphasize the problems or satisfactions afforded them by the characteristics of their spouse or their relatives and feelings relative to living quarters.

CHAPTER III

COMPOSITION OF THE SAMPLE

Parents and their children were drawn from three counties in Southern California: San Diego County, Orange County and Los Angeles County. The enrollment in special classes for MR children in these counties, as well as for the entire State of California during the 1958-59 school year, was as follows:*

	EMR	SMR
State of California	31,798	2,000
San Diego County	2,854	90
Orange County	1,082	125
Los Angeles County	13,299	570

The mothers participating in the study had children enrolled in special classes under supervision of fifteen school districts, three county superintendent of schools' offices, three private parent group organizations providing services for pre-school SMR children, and the Developmental Study Clinic of the Los Angeles Children's Hospital.

Children selected for the MR groups were: (a) 200 EMR children (100 elementary and 100 secondary) who had been given individual psychological examinations and placed in public school special training classes; (b) 100 SMR children who had been given individual psychological examinations and placed in public school special training classes for SMR minors; and (c) 100 pre-school SMR children either enrolled in private nursery classes conducted by parent groups or under study in the Developmental Study Clinic of the Los Angeles Children's Hospital.

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*Taken from California Schools, Vol XXX, No. 8, Aug. 1959, reporting Mar. 31, 1959 enrollment.

The criteria for selection of the children and their parents were as follows:

(1) Each child enrolled in a public school class was examined by a psychologist or physician to determine eligibility for admission to the study. Each child in the pre-school group was examined by a physician to determine the diagnosis of severe mental retardation.

(2) Each child was living with its biological mother.

(3) Each child was Caucasian. Where a child was of Mexican-American lineage, it must have been evident that both the American culture and language were part of the home.

These conditions introduced such a quantity of variables that it was necessary to screen several thousand children before their names could be listed as potential candidates for the study.

Socio-Economic Status Levels

Data were gathered on the characteristics of each family to indicate its social, cultural, economic and educational backgrounds. It was expected that different attitudes, goals and aspirations of each sub-group of society would influence the mothers in their childrearing practices. The identification of a mother in a particular group was certainly expected to have an influence on her value system in child rearing.

In order to study social class differences in child rearing so that comparisons could be made with previous studies on normal children by Havenhurst and Davis and by Sears, it was necessary to identify each parent into a particular socio-economic group. For purposes of this study, and in accordance with the method used by Sears (4), it was decided to use three measures to arrive at an index of SES: father's occupation, education and income level.

To arrive at an index of SES, the father's occupation as rated by Warner (29) was scored on a scale of occupational status with the highest rating given to those occupations carrying the highest status or prestige, such as physician or attorney, or owner or manager of a large business; and the lowest rating to those occupations which were unskilled. This score on occupational status was then given a weight of two and was combined with a score on education, weighted one, and a score on income, weighted one, to produce the SES level as illustrated below:

Example of Socio-Economic Status Levels

SES Ratings	Range of Scores	Weight
Father's Occupation	1 - 7	(2)
Father's Education	1 - 8	(1)
Father's Income	1 - 8	(1)

Typical Upper SES Family:	Score	(times)	Weight	=	Weighted Score
Professional (Engineer)	1	X	2	=	2
College Graduate and beyond	1	X	1	=	1
Income of $15,000 plus per year	1	X	1	=	1
					4

Typical Middle SES Family:					
Highly Skilled Worker	4	X	2	=	8
High School Graduate and beyond	4	X	1	=	4
Income of $7,000 per year	4	X	1	=	4
					16

Typical Lower SES Family:					
Semi-Skilled Worker	6	X	2	=	12
Some High School Education	6	X	1	=	6
Income of $3,500 per year	6	X	1	=	6
					24

Range of Weighted Scores

4-12 Upper Class
13-18 Middle Class
19-27 Lower Class

Characteristics of the Mentally Retarded Children and Their Families

Tables 1 and 2 present data by SES level for the major groups, the EMR and SMR groups. The size of the groups by SES levels for the EMR indicates 48 percent for the lower SES, 36 percent for the middle, and 16 percent for the upper. For the SMR group, the lower SES shows 31 percent, the middle 39 percent, and the upper 30 percent.

The median age of the parents shows that the mothers and the fathers of the SMR group are older than those in the EMR group. The total number of children in both major groups is about the same, with an average of three children per family. The lower SES families have more children per family (3.2) than the others, although the upper SES families of the SMR group are almost the same, with 3.1 children per family.

The number of families with an only child is similar, with the larger number in the lower SES families. The median IQ of the EMR children is close to 70, with the lowest IQ children in the upper SES level, and the highest IQ children in the lower SES level. The IQ's of the SMR children are not shown because a functional IQ level was preferred, as arrived at by joint agreement of professional personnel working with the child. (See page 27)

The urban-rural backgrounds of the parents where parents had spent their most formative years from childhood through adolescence, indicates that most parents of both major groups came from urban areas of cities of 10,000 or more, or suburbs of such cities. However, significantly more lower SES fathers of the EMR group came from rural areas.

TABLE 1

CHARACTERISTICS OF FAMILIES OF EDUCABLE MENTALLY RETARDED CHILDREN BY SOCIO-ECONOMIC STATUS

	Upper SES	Middle SES	Lower SES	Total EMR Families
1. Number of mothers	32	74	99	205
2. Median age of mother at birth of child	28.2	27.4	27.4	27.5
3. Median age of father at birth of child	30.3	29.4	29.6	29.5
4. Total number of children in families at time of interview	90	217	313	620
5. Average number of children per family	2.8	2.9	3.2	3.0
6. Number of families with one child	1	7	11	18
7. Number of families with two children	12	27	29	68
8. Number of families with three or more children	19	40	59	118
9. Median I.Q. of child	67.8	69.5	70.0	69.9
10. Number of mothers				
Urban background	22	50	40	112
Rural " "	10	24	59	93
11. Number of fathers				
Urban background	22	53	33	88
Rural " "	10	21	66	117

TABLE 2

CHARACTERISTICS OF FAMILIES OF SEVERELY MENTALLY
RETARDED CHILDREN BY SOCIO-ECONOMIC STATUS

	Upper SES	Middle SES	Lower SES	Total SMR Families
1. Number of mothers	60	78	63	202
2. Median age of mother at birth of child	28.8	28.2	29.9	28.6
3. Median age of father at birth of child	31.8	30.8	32.3	30.8
4. Total number of children in families at time of interview	185	224	200	609
5. Average number of children per family	3.1	2.9	3.2	3.0
6. Number of families with one child	4	5	11	20
7. Number of families with two children	20	24	10	54
8. Number of families with three or more children	35	49	41	125
9. Median I.Q. of child	*	*	*	*
10. Number of mothers				
Urban background	39	51	30	120
Rural " "	21	27	33	82
11. Number of fathers				
Urban background	43	52	34	129
Rural " "	17	26	29	73

*Functional intelligence levels used instead of I.Q.'s - see page 27

Distribution of Mentally Retarded Children Classified by Socio-Economic Status of Family and Sex of Child

As shown in Table 3, the number of EMR boys and girls in this study is almost equal. In most classes of EMR children in California, the ratio is about 3 boys to 2 girls.* By SES levels, the largest number are of lower SES (48 percent). In contrast are the data for Table 4, the distribution of the SMR sample, classified by SES and sex of child. Here, only 31 percent are in the lower SES group compared with 48 percent for the EMR, and 30 percent in the upper SES group compared with 16 percent for the upper EMR group. Although the sex ratio for the school group of SMR children is almost equal, this is not truefor the children in the pre-school SMR group, where 62 boys and 40 girls are shown.

Comparison of Socio-Economic Status and Intelligence Levels of Educable and Severely Mentally Retarded Children

In Figure 1 (data from Tables 5 and 6), the two groups of MR children are compared by three SES levels and three intelligence levels: (a) those children with IQ's of 46 to 59, (b) those between 60 and 69, and (c) those with IQ's of 70-84. The SMR group was divided into highest, middle and lowest functional intelligence levels.

It can readily be seen that in the EMR group the differences between the SES upper, middle and lower levels with IQ's from 46-59 are not too great. For the children with IQ's between 60-69, a greater difference begins to show between the upper and the lower SES levels. It is the children with IQ's 70-84 that differences between the upper and the lower SES levels are marked. Of the 16 percent of the children in the upper SES level, 3 percent have IQ's from 46-59; 6.5 percent have IQ's 60-69; and 6.5 percent have IQ's 70-84. For the lower SES level, 8 percent have IQ scores from 46 to 59; 16 percent have IQ's 60-69; and 24 percent have IQ'S 70-84.

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*See California Schools, Vol. XXXIII, No. 2, February 1962, page 49.

TABLE 3

FREQUENCY AND PERCENTAGE DISTRIBUTION OF EDUCABLE MENTALLY RETARDED CHILDREN BY SOCIO-ECONOMIC STATUS, SEX OF CHILD, AND SCHOOL LEVEL

Elementary Educable Mentally Retarded Children

	Upper SES		Middle SES		Lower SES		Total	
	No.	Percent	No.	Percent	No.	Percent	No.	Percent
Boys	12	11	19	18	22	21	53	50
Girls	9	9	17	17	25	24	51	50
Total	21	20	36	35	47	45	104	100

Secondary Educable Mentally Retarded Children

	Upper SES		Middle SES		Lower SES		Total	
	No.	Percent	No.	Percent	No.	Percent	No.	Percent
Boys	6	6	21	21	32	31	59	58
Girls	5	5	17	17	20	20	42	42
Total	11	11	38	38	52	51	101	100

Total Educable Mentally Retarded Children

	Upper SES		Middle SES		Lower SES		Total	
	No.	Percent	No.	Percent	No.	Percent	No.	Percent
Boys	18	9.0	40	19.5	54	26.0	112	54.5
Girls	14	7.0	34	16.5	45	22.0	93	45.5
Total	32	16.0	74	36.0	99	48.0	205	100.0

TABLE 4

FREQUENCY AND PERCENTAGE DISTRIBUTION OF SEVERELY MENTALLY RETARDED CHILDREN BY SOCIO-ECONOMIC STATUS, SEX OF CHILD, AND SCHOOL LEVEL

Pre-School Severely Mentally Retarded Children

	Upper SES		Middle SES		Lower SES		Total	
	No.	Percent	No.	Percent	No.	Percent	No.	Percent
Boys	21	20	28	27	13	13	62	60
Girls	13	13	18	18	9	9	40	40
Total	34	33	46	45	22	22	102	100

School-Age Severely Mentally Retarded Children

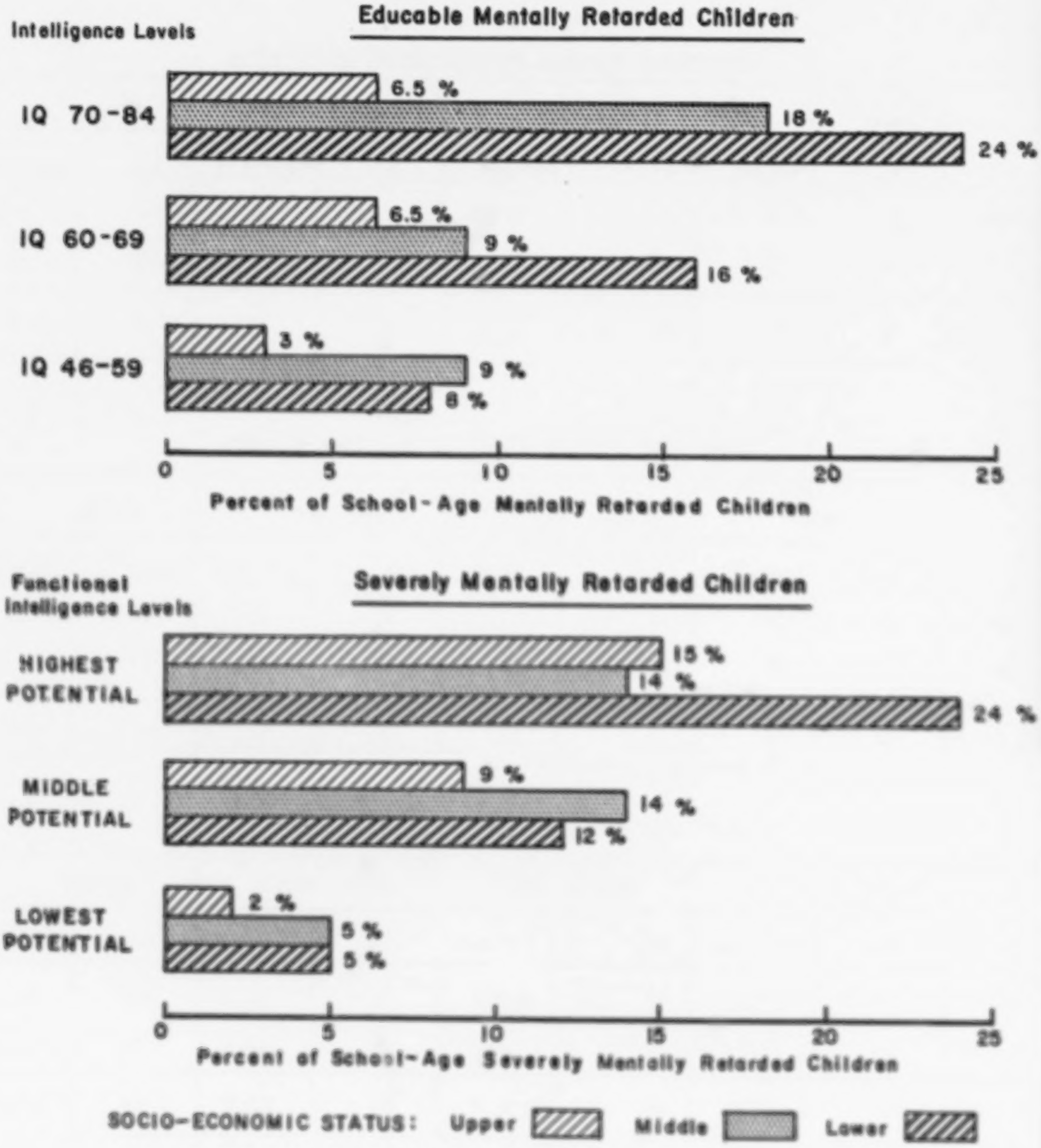
	Upper SES		Middle SES		Lower SES		Total	
	No.	Percent	No.	Percent	No.	Percent	No.	Percent
Boys	16	16	11	11	21	21	48	48
Girls	10	10	22	22	20	20	52	52
Total	26	26	33	33	41	41	100	100

Total Severely Mentally Retarded Children

	Upper SES		Middle SES		Lower SES		Total	
	No.	Percent	No.	Percent	No.	Percent	No.	Percent
Boys	37	18.5	39	19.5	34	16.5	110	54.5
Girls	23	11.5	40	19.5	29	14.5	92	45.5
Total	60	30.0	79	39.0	63	31.0	202	100.0

Figure I

DISTRIBUTION OF SCHOOL-AGE MENTALLY RETARDED CHILDREN BY SOCIO-ECONOMIC STATUS AND INTELLIGENCE LEVELS



For the lower SES level, 8 percent have IQ scores from 46 to 59; 16 percent have IQ's 60-69; and 24 percent, IQ's 70-84.

The range of IQ's for the EMR group (Table 5) indicates only 9 children with IQ's between 46 and 50, and 11 between IQ's 80 and 84. Approximately 20 percent have IQ's between 46 and 59, about 31 percent have IQ's between 60 and 70, and about 49 percent have IQ's between 70 and 84.

It is interesting to note the preponderance of higher IQ's in the lower SES level, where 34 percent of the 205 children have IQ's 65-84, and only 14 percent have IQ's 46-64. On the other hand, for the upper SES level, the children with IQ's 65-84 constitute 10 percent, and those for IQ's 46-64, 6 percent. For the middle SES level, the percentages are more like those for the lower SES level, with 24 percent of the children with IQ's between 65 and 84, and 12 percent with IQ's from 46 to 64.

Functional Intelligence Level Determined for Severely Mentally Retarded Children

The intellectual level of each SMR child was determined by joint action, wherever possible, of psychologist, principal and teacher. IQ scores were used when available in making a final determination of each child's functional level. The children were divided into two groups at first: those with the highest potential, mainly IQ's between 40 and 50, who would probably function well in a program of work training or sheltered workshop; and those with the lowest potential for whom it was almost impossible to arrive at a reliable IQ score, and who were so severely retarded that they needed custodial care which might best be provided by a hospital or special home. Those who did not fall into either category would probably, as adults, remain at home because they could not succeed in work training but were not sufficiently retarded for the family to consider placement for the child away from the home. These children were placed in the middle potential group.

It was possible to determine a functional intelligence level for each of the

TABLE 5

FREQUENCY AND PERCENTAGE DISTRIBUTION OF EDUCABLE MENTALLY RETARDED CHILDREN BY SOCIO-ECONOMIC STATUS, I.Q., AND SEX OF CHILD

Frequency Distribution of Educable Mentally Retarded Children

I.Q.	Upper SES		Middle SES		Lower SES		Total
	Boys	Girls	Boys	Girls	Boys	Girls	
46-50	0	1	1	1	6	0	9
50-54	1	3	3	1	1	1	10
55-59	1	0	6	6	5	3	21
60-64	3	3	2	4	6	7	25
65-69	4	3	6	7	8	12	40
70-74	2	5	8	15	6	17	53
75-79	2	2	5	5	11	11	36
80-84	1	1	3	1	2	3	11
Total	14	18	34	40	45	54	205

Percentage Distribution of Educable Mentally Retarded Children

I.Q.	Upper SES		Middle SES		Lower SES		Total	
	No.	Percent	No.	Percent	No.	Percent	No.	Percent
46-50	1	0.5	2	1.0	6	3.0	9	4.5
50-54	4	2.0	4	2.0	2	1.0	10	5.0
55-59	1	0.5	12	6.0	8	4.0	21	10.5
60-64	6	3.0	6	3.0	13	6.0	25	12.0
65-69	7	3.5	13	6.0	20	10.0	40	19.5
70-74	7	3.5	23	11.0	23	11.0	53	25.5
75-79	4	2.0	10	5.0	22	10.5	36	17.5
80-84	2	1.0	4	2.0	5	2.5	11	5.5
Total	32	16.0	74	36.0	99	48.0	205	100.0

TABLE 6

FREQUENCY AND PERCENTAGE DISTRIBUTION OF SEVERELY MENTALLY RETARDED CHILDREN BY SOCIO-ECONOMIC STATUS, FUNCTIONAL INTELLIGENCE LEVEL* AND SEX OF CHILD

Number of Pre-school Severely Mentally Retarded Children (N=102)

Functional* Level	Upper SES		Middle SES		Lower SES		Total	
	Boy	Girl	Boy	Girl	Boy	Girl	Boy	Girl
Highest Potential	6	6	9	5	7	2	22	13
Middle Potential	5	2	2	3	1	1	8	6
Lowest Potential	7	2	6	4	4	2	17	8
Not Ascertained	3	3	11	6	1	4	15	13
Total	21	13	28	18	13	9	62	40

Number of School-Age Severely Mentally Retarded Children (N=100)

Functional* Level	Upper SES		Middle SES		Lower SES		Total	
	Boy	Girl	Boy	Girl	Boy	Girl	Boy	Girl
Highest Potential	3	12	6	8	3	21	12	41
Middle Potential	1	8	12	2	9	3	22	13
Lowest Potential	0	2	0	5	1	4	1	11
Total	4	22	18	15	13	28	35	65

Percentage Distribution of All Severely Mentally Retarded Children

Functional* Level	Upper SES		Middle SES		Lower SES		Total	
	Boy	Girl	Boy	Girl	Boy	Girl	Boy	Girl
Highest Potential	27	13.5	28	14.0	33	16.0	88	43.5
Middle Potential	16	8.0	19	9.5	14	7.0	49	24.5
Lowest Potential	11	5.5	15	7.5	11	5.5	37	18.5
Not Ascertained	6	3.0	17	8.0	5	2.5	28	13.5
Total	60	30.0	79	39.0	63	31.0	202	100.0

*Decision as to functional intelligence level was made by joint action of Psychologist, Teacher and Principal—see page 27

SMR children in public school classes. However, for 28 of the 102 pre-school SMR children, referred to as "not ascertained", insufficient knowledge of the child's condition made it impossible to determine the child's future potential level.

It may be noted (Table 6) that about 25 of the pre-school SMR children are in the lowest potential group, whereas only 12 are in the similar school group. It is possible that some of the 28 of the "not ascertained" pre-school group would also be diagnosed as falling into the lowest potential group. It may well be that many of these "not ascertained" or lowest potential SMR pre-school children are ordinarily placed in foster homes or institutions before they reach school age.

Age Distribution of Children

In Table 7, the age distribution of the children at the time of the interview with the mother, shows the widest disparity in the three-to-five and six-to-eight age brackets. Where 126 of the SMR group average under age nine, only 17 of the EMR group are in the comparable age groups. The median age of EMR is 13.7; that of the SMR group, 7.3. This follows naturally; since only SMR pre-school children are included, it being almost impossible to diagnose EMR children of pre-school age. On the other

TABLE 7

FREQUENCY DISTRIBUTION OF MENTALLY RETARDED CHILDREN BY AGE OF CHILD

Age by Years	Educable Mentally Retarded Children N=205	Severely Mentally Retarded Children N=202
3 - 5	0	59
6 - 8	17	67
9 - 12	69	16
13 - 17	107	26
18 - 19	12	4
Total	205	202
Median Age	13.7 years	7.3 years

it was also not possible to find SMR children in the secondary age level in the same frequency as the EMR because of early mortality, prior foster home or institutional placement, and lack of special classes for older SMR children in the public schools.

Ordinal Sequence of the Children by SES Levels

Comparison of the ordinal sequence of the children is shown in Table 8. Only, oldest, youngest, and middle children are shown, with about the same number of only and middle children in both major groups. One might well expect more SMR children

TABLE 8

PERCENTAGE DISTRIBUTION BY ORDINAL POSITION OF MENTALLY RETARDED CHILD BY SOCIO-ECONOMIC STATUS

Socio-Economic Status	Percent of Educable Mentally Retarded Children				
	Only Child	Oldest	Youngest	Middle	Total
Upper SES	1	4	6	5	16
Middle SES	3	16	8	9	36
Lower SES	6	15	16	11	48
Total EMR (N=205)	10	35	30	25	100

Socio-Economic Status	Percent of Severely Mentally Retarded Children				
	Only Child	Oldest	Youngest	Middle	Total
Upper SES	3	9	11	7	30
Middle SES	4	8	16	11	39
Lower SES	5	9	9	8	31
Total SMR (N=202)	12	26	36	26	100

to be in the youngest group since parents who have several normal children and then have an SMR child would tend not to have more children. This seems to be more true of the middle SES level SMR group than of any other SES level.

Total Number of all Children by Socio-Economic Status of Family

The distribution of our sample population by the total number of children in each family is shown in Table 9. In the EMR group, the largest number of families (34 percent) have two children; in the SMR group, the largest number (36 percent) have three children. As already mentioned, the number of only children for the two groups is quite similar.

TABLE 9

PERCENTAGE DISTRIBUTION BY THE NUMBER OF CHILDREN IN THE FAMILIES OF THE MENTALLY RETARDED CHILD BY SOCIO-ECONOMIC STATUS

	Percent of Educable Mentally Retarded Children				
Socio-Economic Status	Only Child	Two	Three	Four or More	Total
Upper SES	1	6	5	4	16
Middle SES	3	14	10	9	36
Lower SES	6	14	12	16	48
Total EMR (N=205)	10	34	27	29	100

	Percent of Severely Mentally Retarded Children				
Socio-Economic Status	Only Child	Two	Three	Four or More	Total
Upper SES	3	9	8	10	30
Middle SES	4	11	18	6	39
Lower SES	5	5	10	11	31
Total SMR (N=202)	12	25	36	27	100

Highest Grade Attended by Educable Mentally Retarded Child Before Placement in Special Class

As shown in Table 10, a large number of EMR children remained in the regular grades before placement in the special class. Most EMR children are detected in the second or third grade when their inability to read makes it evident to the teacher that the child needs an individual examination to determine what casual relationships can be established for this lack of achievement. Fifty-three percent of our elementary EMR group are placed in special classes by the third grade and another 27 percent from

TABLE 10

PERCENTAGE DISTRIBUTION OF EDUCABLE MENTALLY RETARDED CHILDREN BY HIGHEST REGULAR GRADE ATTENDED BEFORE PLACEMENT IN SPECIAL CLASS BY SOCIO-ECONOMIC STATUS

Highest Grade Attended Before Placement in a Special Class	Percent of Educable Mentally Retarded Children							
	Upper SES N=32		Middle SES N=74		Lower SES N=99		Total N=205	
None	3.0	10.5	2.0	21.0	2.0	21.5	7.0	53.0
Kindergarten	3.0		2.5		2.5		8.0	
First	3.0		8.5		9.0		20.5	
Second	1.5		8.0		8.0		17.5	
Third	2.0	5.5	6.0	15.0	7.0	26.5	15.0	47.0
Fourth	.5		4.5		7.0		12.0	
Fifth	1.0		0.0		2.5		3.5	
Sixth	1.0		1.0		3.5		5.5	
Seventh & Eighth	1.0		2.5		3.0		6.5	
Ninth or More	0.0		1.0		3.5		4.5	
Total	16.0		36.0		48.0		100.0	

the third and fourth grades, for a total of 80 percent. Reference to Table 5 shows a possible relationship between the later placement of the lower SES child, since half of these EMR children had IQ's 70-84, with less than half placed below third grade. For the upper and middle SES levels more than half of these children had been placed before the third grade.

Other Selected Characteristics of the Families

Shown in Table 11 are the ages of the mothers at the time of birth of the child by SES levels. The largest number of mothers of EMR children is in the middle SES level, ages 25-29, followed very closely in the same age group by the mothers of lower SES. For the mothers of SMR children, the largest number is also in the same age group for the middle SES, followed in the same age group by the mothers of upper SES.

TABLE 11

PERCENTAGE DISTRIBUTION OF MOTHERS OF MENTALLY RETARDED CHILDREN BY AGE OF MOTHERS AT TIME OF BIRTH OF CHILD BY SOCIO-ECONOMIC STATUS

	Percent Of Mothers of Educable Mentally Retarded Children				Percent Of Mothers of Severely Mentally Retarded Children			
Age	Upper SES	Middle SES	Lower SES	Total	Upper SES	Middle SES	Lower SES	Total
Under 20	0.0	3.0	6.5	9.5	0.0	1.0	4.0	5.0
20 - 24	3.5	9.0	12.5	25.0	6.5	9.5	6.5	22.5
25 - 29	7.5	15.0	14.5	37.0	11.0	13.5	5.5	30.0
30 - 34	3.5	6.0	8.0	17.5	4.5	8.5	7.0	20.0
35 - 39	1.5	2.5	3.5	7.5	5.0	5.5	4.0	14.5
40 and over	.0	.5	3.0	3.5	3.0	1.0	4.0	8.0
Total	16.0	36.0	48.0	100.0	30.0	39.0	31.0	100.0

In the over-40 group there are no mothers of EMR children of upper SES, only half-of-one percent of middle SES, but three percent in the lower SES level. For the mothers of SMR children, three percent of the upper SES mothers are 40 and over, one percent of middle SES and four percent of lower SES level.

In Table 12 mothers are compared by age at time of birth of the child, with mothers of all white children born in California in 1958. Two items seem to stand out significantly: one, that mothers ages 20-34 do not seem to vary greatly between California mothers of all children and mothers of MR children; two, that mothers of SMR children over 35 are found in twice the number of those in the EMR group, whereas the percent of the EMR mothers is almost the same as that shown for California mothers of all white children. This latter point is not surprising since a large percentage of the SMR mothers had Mongoloid children, and it has been accepted for some time that

TABLE 12

COMPARISON OF AGES OF MOTHERS OF MENTALLY RETARDED CHILDREN AT TIME OF BIRTH OF CHILD WITH AGES OF MOTHERS OF ALL WHITE CHILDREN BORN IN CALIFORNIA IN 1958

Age	Percent of California Mothers*	Percent of Mothers of Educable Mentally Retarded Children	Percent of Mothers of Severely Mentally Retarded Children
Under 20	13.9	9.5	5.0
20 - 24	33.3	25.0	22.5
25 - 29	26.1	37.0	30.0
30 - 34	16.7	17.5	20.0
35 - 39	8.1	7.5	14.5
40 and over	1.8	3.5	8.0
Total	100.0	100.0	100.0

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*Source: State of California, Department of Public Health Birth Records: "White Live Births by Age of Mother - California, 1958."

the incidence of Mongolism occurs significantly more often among mothers over 35 years of age.

In Table 13 are shown the data for the birthplace of the child, of his father and his mother by these geographical areas: California, the North and West, the South, and other and foreign born. It is interesting to note that 80 percent of SMR children, and 64 percent of EMR children, were born in California

TABLE 13

PERCENTAGE DISTRIBUTION OF FAMILIES OF MENTALLY RETARDED CHILDREN BY BIRTHPLACE OF CHILD, FATHER AND MOTHER

Educable Mentally Retarded

Family Members	Percent Born in Each Geographical Area				
	California	North and West	South	Other and Foreign Born	Total
EMR Child	64	29	5	2	100
Father	14	67	15	4	100
Mother	16	60	18	6	100

Severely Mentally Retarded

Family Members	Percent Born in Each Geographical Area				
	California	North and West	South	Other and Foreign Born	Total
SMR Child	80	9	2	9	100
Father	17	67	7	9	100
Mother	21	63	9	7	100

In Table 14 is shown the marital status of the mothers at the time of the interview by SES levels. Of families with EMR child, 91.5 percent are intact, while 95.5 percent of families with an SMR child are intact. Only 8 percent of the EMR

TABLE 14

PERCENTAGE DISTRIBUTION OF MARITAL STATUS OF MOTHER AT TIME OF INTERVIEW BY SOCIO-ECONOMIC STATUS

	Percent of Mothers of Educable MR Children			
Marital Status	Upper SES N=32	Middle SES N=74	Lower SES N=99	Total N=205
Married	15.5	32.5	40.0	88.0
Divorced & Remarried	00.0	1.0	1.5	2.5
Widow & Remarried	0.0	0.5	0.5	1.0
Divorced	0.5	0.5	2.5	3.5
Separated	0.0	1.5	2.0	3.0
Widow	0.0	0.5	1.0	1.5
Unknown	0.0	0.0	0.5	0.5
Total	16.0%	36.0%	48.0%	100.0%

	Percent of Mothers of Severely MR Children			
Marital Status	Upper SES N=60	Middle SES N=79	Lower SES N=63	Total N=202
Married	29.0	36.5	28.5	94.0
Divorced & Remarried	0.0	0.5	1.0	1.5
Widow & Remarried	0.0	0.0	0.0	0.0
Divorced	0.5	1.5	0.5	2.5
Separated	0.0	0.5	1.0	1.5
Widow	0.5	0.0	0.0	0.0
Unknown	0.5	0.0	0.0	0.5
Total	30.0%	39.0%	31.0%	100.0%

parents are separated, divorced or widowed, with 4 percent of the SMR parents in the same status. Thus, it is clear that a relatively stable group of parents volunteered to participate in this study. It may also be noted that the greatest disparity between the stable and relatively unstable families' pattern occurs in the EMR lower SES level.

In Table 15 the educational level of the father and mother by SES level is shown. Almost twice as many mothers in the SMR group have been to college or are

TABLE 15

PERCENTAGE DISTRIBUTION OF MENTALLY RETARDED CHILDREN BY EDUCATION OF MOTHER AND FATHER BY SOCIO-ECONOMIC STATUS

Mother

	Educable Mentally Retarded N=205				Severely Mentally Retarded N=202			
Educational Level	Upper SES	Middle SES	Lower SES	Total	Upper SES	Middle SES	Lower SES	Total
College graduates and some college	7	5	3	15	16	10	1	27
High school graduates	9	20	18	47	13	24	16	53
Some high school or below	0	11	27	38	1	5	14	20
Total	16	36	48	100	30	39	31	100

Father

	Educable Mentally Retarded N=205				Severely Mentally Retarded N=202			
Educational Level	Upper SES	Middle SES	Lower SES	Total	Upper SES	Middle SES	Lower SES	Total
College graduates and some college	15	14	0	29	27	15	0	42
High school Graduates	1	15	12	28	3	17	15	35
Some high school or below	0	7	36	43	0	7	16	23
Total	16	36	48	100	30	39	31	100

college graduates than is the case for the EMR group. For the fathers this disparity is not so great, with 42 percent of the SMR fathers having been to college or are college graduates as compared to 29 percent of the EMR group.

In Table 16 the distribution of the number of newspapers per family for families of the EMR group is shown by SES level. Upper SES families tend almost invariably to get at least one or more newspapers. For lower SES families there are 15 times as many families who do not get even one newspaper.

TABLE 16

PERCENTAGE DISTRIBUTION OF NUMBER OF NEWSPAPERS PER FAMILY
FOR FAMILIES OF EDUCABLE MENTALLY RETARDED CHILDREN
BY SOCIO-ECONOMIC STATUS

Number of Newspapers	Percent of Mothers of Educable Mentally Retarded Children			
	Upper SES N=32	Middle SES N=74	Lower SES N=99	Total N=205
None	0.5	3.5	7.5	11.5
One	6.0	12.0	23.0	41.0
Two	6.5	16.0	15.0	37.5
Three or More	3.0	4.5	2.5	10.0
Total	16.0	36.0	48.0	100.0

The number of magazines taken by families with EMR children is reported by SES level in Table 17. For those families who get no magazines at all, only one percent are of upper SES and 18 percent are of lower SES, although the actual distribution by SES is closer to one to three, respectively.

TABLE 17

PERCENTAGE DISTRIBUTION OF NUMBER OF MAGAZINES PER FAMILY FOR FAMILIES WITH EDUCABLE MENTALLY RETARDED CHILDREN BY SOCIO-ECONOMIC STATUS

Number of Magazines	Percent of Mothers of Educable Mentally Retarded Children			
	Upper SES N=32	Middle SES N=74	Lower SES N=99	Total N=205
None	1.0	4.5	18.0	23.5
One	1.0	4.0	7.0	12.0
Two	1.0	4.0	8.0	13.0
Three or More	13.0	23.5	15.0	51.5
Total	16.0	36.0	48.0	100.0

In Table 18 the number of organizations belonged to by husband and wife is shown by SES levels. Many more upper SES level families with EMR children belong to one or more organizations than do lower SES level EMR families. This is not as tru among parents of SMR children. For instance, three percent of the wives in the upper SES level EMR group do not belong to any organization, whereas 22 percent of the lower SES level EMR do not belong to any organization. Wives of the SMR group who belong to no organization show four percent of upper SES and four percent of lower SES.

TABLE 18

PERCENTAGE DISTRIBUTION OF NUMBER OF ORGANIZATIONS BELONGED TO BY HUSBAND OR WIFE (BY SOCIO-ECONOMIC STATUS)

Educable Mentally Retarded

Socio-Economic Status	Number of Organizations							
	None		One		Two or More		Total	
	Husband	Wife	Husband	Wife	Husband	Wife	Husband	Wife
Upper SES	4	3	4	6	8	7	16	16
Middle SES	10	13	16	16	10	7	36	36
Lower SES	16	22	23	22	9	4	48	48
Total	30	38	43	44	27	18	100	100

Severely Mentally Retarded

Socio-Economic Status	Number of Organizations							
	None		One		Two or More		Total	
	Husband	Wife	Husband	Wife	Husband	Wife	Husband	Wife
Upper SES	4	4	12	11	14	15	30	30
Middle SES	5	9	16	16	18	14	39	39
Lower SES	5	4	14	15	12	12	31	31
Total	14	17	42	42	44	41	100	100

The percentage distribution of the religious preference of the mothers by SES levels is shown in Table 19. It may be noted that a higher percentage of Protestant mothers are found among the EMR than SMR. Conversely, a higher percentage of SMR mothers is found among Catholic as well as among Jews.

TABLE 19

PERCENTAGE DISTRIBUTION OF RELIGIOUS PREFERENCE OF MOTHERS
OF MENTALLY RETARDED CHILDREN BY SOCIO-ECONOMIC STATUS

	Percent of Mothers of Educable Mentally Retarded Children			
Religious Preference	Upper SES	Middle SES	Lower SES	Total
Protestant	12.0	26.0	40.0	78.0
Catholic	3.5	8.5	6.5	18.5
Jewish	0.5	1.5	1.5	3.5
Total EMR (N=205)	16.0	36.0	48.0	100.0

	Percent of Mothers of Severely Mentally Retarded Children			
Religious Preference	Upper SES	Middle SES	Lower SES	Total
Protestant	20.5	22.0	18.0	61.0
Catholic	6.0	14.5	11.5	32.0
Jewish	3.5	2.5	1.0	7.0
Total SMR (N=202)	30.0	39.0	31.0	100.0

CHAPTER IV

TECHNIQUE AND PROCEDURES

This study endeavors, by use of the directed interview method, to obtain from mothers of retarded children, information relating to parental attitudes in the rearing of EMR and SMR children so that the two groups can be compared. The purpose of the comparison is to identify those experiences which seem common to parents of the EMR and SMR children, irrespective of variances in the intellectual levels of the children; and to identify and determine the level of significance of differences when they occur. The use of the interview as the method most appropriate for this investigation was a decision reached after a careful consideration of alternate techniques. If, for example, the questionnaire method had been used exclusively there would have been the common difficulty of incomplete returns in addition to the major limitations inherent in such systems of gathering data.

It might have been possible to determine basic feelings of both father and mother by prolonged counseling sessions. Since this method was not feasible from the standpoint of time economy for the parent as well as for the interviewers, the directed interview technique as described by Sears, Maccoby and Levin (4) was selected as the most feasible one in terms of obtaining information from designated parents in sufficient detail to permit a statistical and descriptive analysis of the results.

The decision to use a relatively unstructured interview is based on previous experience in eliciting responses from parents. The use of a completely free and unstructured type of procedure results in duplication, overlapping and included materials which can not be rated on a reasonably convenient number of scale dimensions.

Willenberg (30), in his Kern County study, identified areas of child rearing practices of mentally Retarded children and used the simple method of counting the number of times a satisfaction or problem had been mentioned. Leichman (31), also in Kern County, used a parallel methodology in identifying problems and satisfactions in rearing the gifted child. It was felt that in this study some approach to measuring the degree of intensity of parental response would be valuable.

Interviews may be roughly classified into three categories: the completely structured type, involving many detailed questions with a long list of multiple choice items; the flexible, unstandardized "depth" interview characteristic of clinical counseling; and one falling midway between the two extremes, consisting of open-end questions that elicit responses that neither limit, nor give complete freedom to unlimited responses.

The completely structured interview, although making for ease in scoreability, has several disadvantages: answers are suggested to the respondent; interview is not readily adaptable to the idiosyncrasies of individual life situations; and, most disadvantageous, is its influence upon the interviewer-interviewee rapport in that it tends to limit the kind of exchange that is often necessary for the type of response data that is needed to fulfill the needs of a research study.

The unstandardized "depth" interview where the interviewer would be free to devise his own questions and cover topics in any order he chooses, produces a high proportion of cases which cannot be rated on all the scale dimensions chosen for analysis. With unstructured interviews, certain items of specific content are sometimes inadvertently omitted, while other areas are covered too intensively. The frame ofreference in which a topic is discussed varies so uncontrollably from one interview to another, that the interviews could not be reliably rated on the same scale. Finally, it has been determined that the wording of questions and order of presentation can have a significant effect upon the responses given.

Interview Schedule

The interview schedule finally developed after use in a pilot study with twelve mothers, six of whom had EMR, and six SMR children, is presented as Appendix B. This is an adaptation of the instrument developed by Sears and his colleagues (4) to obtain data on child rearing of normal children. However, the specific references to rearing the MR child are based on the literature in mental retardation and tested over many months in the pilot study interviews.

To impress the parents with the importance of the study for them as parents of MR children, the following statement was made to each parent prior to the interview:

> What problems and concerns did you encounter in rearing your child for which you wished you could have had answers? What can you suggest for other parents who have had a child like yours who might benefit from knowing how you solved your problem? Do you now have concerns or problems to which you would like answers or solutions? It may well be that parents of other children who have been going through the stages with their children which you are now going through will be asked to provide you with answers to these problems. The results, when completed, will be gathered into report form so that the pattern of rearing the mentally retarded children will be available to all parents.

During the actual interview each question of the schedule was presented to the parent. If the parent fully understood the question and responded with material scoreable for each dimension, the interviewer went on to the next question. If the parent wandered away or rambled about the dimension, however, the interviewer then presented probing questions.

More than half of the interviews were made by the two staff members most closely concerned with the development of the interview schedule as well as with the rating scales* used to score the taped data. Since these two staff members were unable to remain with the project until its completion, other competent interviewers were trained.

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*See Appendix C for title of scales.

Behavioral dimensions inclusive enough to give an adequate overview of the many facets of child rearing practices and attitudes in rearing the mentally retarded child were developed as rating scales for scoring each interview. The number of points on each of the scales was arbitrarily fixed at five since five degrees of a particular quality were found to be reliably discriminative.

Inter-Rater Reliability

Reliability of scoring was checked by training the raters to be completely familiar with the plan of study and the concepts represented by the rating scales. Initially, all the raters scored the same interview and differences between their judgment were discussed. Periodically during the rating process the entire group of raters scored and discussed interviews jointly, followed by a rotation of raters so that no one rater would develop a frame of reference which deviated from that of the other raters.

The reliability of the interview ratings were estimated by means of Hoyt's (32) analysis of variance approach to inter-rater reliability. By this method coefficients of reliability were obtained between raters, taking two at a time. A random sample of interviews was chosen for determining inter-rater reliabilities. This sample represented the interviewers in the same ratio as they were represented in the total study. The raters were represented in this sample in the same ratio as they were represented in the total sample.

The reliability coefficient ranged from .74 to .98 with a median reliability of .88. Inasmuch as the coefficients represent the ratio between the difference of "scale variance and error variance" and "scale variance," and inasmuch as each is the rating between the two raters, these coefficients can be said to represent the average coefficient of reliability of all the scales. The inter-rater reliability of pairs of raters for the sample of thirty interviews chosen is shown in Appendix D.

Statistical Methodology

The significant difference between groups was estimated by the Kolmogorov-Smirnov test for cumulative frequencies, as described in Siegel (33). The statistic obtained for this test was then converted to a chi square approximation as given by Marshall (34). This approximation is good so long as the number of responses in each classification group is fairly large and the ratio of these numbers is not too close to either zero or infinity. However, the error is always in the "safe" direction even when the sample size is small.

In most instances, a specific hypothesis was being tested. When this was the case, a one-tailed test of significance was used.

CHAPTER V

SELECTED FINDINGS

In this chapter, findings related to parent-school relations as well as to acceptance by mothers of EMR and SMR children are presented. Since one of the basic hypotheses concerns the acceptance of the MR children by their mothers, a section is devoted to selected characteristics of "completely accepting" and "non-completely accepting" mothers. Whether a mother completely accepts her child or does not was determined by each rater on the basis of the mother's responses throughout the entire interview. Complete acceptance includes acceptance of the child as he is, with respect for him as an individual. Non-complete acceptance refers to a range implying minor dissatisfaction with the child as a member of the family to outright rejection expressed through punitiveness or withdrawal from the child or statements that the child is a burden and that the mother is rearing him because she must.

Parent-School Relations in Special Class Placement of the Educable Mentally Retarded Child

How satisfactorily are school people reparing the parents of educable mentally retarded children to accept both (a) the child's retardation as well as (b) his placement in the special class. Sarason discusses this problem as follows:

> The failure adequately to communicate to parents the nature and implications of a diagnosis of mental deficiency probably causes more unnecessary problems and suffering than any other factor, with the obvious exception of those factors which originally produced the mental deficiency. By the word "communicate" is meant not only the imparting of facts but, in addition, the attempt on the part of a qualified person to help parents recognize and adjust to the realities of their child's condition. (2)

In this study parents of educable mentally retarded children were asked detailed questions relating to the first suspicions they had of the child's malfunctioning (a) before school entry, (b) during the kindergarten period and (c) up to the time of special class placement. Concern related to such areas as which school person discussed the child's problem with the parents; what reasons he gave for the placement; what doubts existed in the parents' minds as to the adequacy of the explanation; how satisfied they were with the way in which they were told about the child's condition; how much more information about the test results they wanted; how much help they received from the school person who told them; what he said the special class would do for the child; and how the husband accepted the problem, especially if the wife had to be the one to communicate the school's decision*.

Tables 20 and 21 show that the principal, teacher, and school psychologist most

TABLE 20

PERSON WHO FIRST SUGGESTED PLACEMENT IN EDUCABLE SPECIAL CLASS (AS STATED BY MOTHER)

Persons	Percent of Mothers with Educable Mentally Retarded Children N=206
1. Principal or vice principal	48
2. Teacher	42
3. School Psychologist or counselor	38
4. Parent's request	9
5. Non-school specialist or physician	7
6. Director of special education	6
7. School doctor or nurse	5
(Total)	155*

*The total percent exceeds 100% because some mothers stated more than one person.

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*Appendix G for questions deemed most important in the areas of parent-school relations by school administrators and psychologists.

TABLE 21

SCHOOL PERSONNEL INVOLVED IN SPECIAL CLASS PLACEMENT
OF EDUCABLE MENTALLY RETARDED CHILDREN
(AS STATED BY MOTHER)

Personnel	Percent of Mothers with Educable Mentally Retarded Children N=205
1. Principal	66
2. Teacher	61
3. School Psychologist - Counselor	58
4. Director - Special Education	11
5. School Physician or Nurse	9
6. Not ascertained	2
(Total)	207*

*The total percent exceeds 100 because some mothers stated more than one person.

often make the recommendation for, and are most often involved in, special class placement. One might dwell on the problem as to whether the principal is as effective in this role as the director of special education?

Mothers state, as shown in Table 22, that the two most important reasons given by school personnel why the special class would help the child are: (a) more individual attention for the child and (b) less pressure because of a slower learning pace for the child. As shown in Table 23, most mothers indicate that the school problems cited as reasons for special class placement are related primarily to deficiencies in learning the three Rs.

TABLE 22

VALUE OF THE SPECIAL CLASS FOR EDUCABLE MENTALLY RETARDED CHILD AS STATED BY SCHOOL PERSONNEL TO PARENT

Reason	Percent of Mothers with EMR Children N=205
1. More individual attention	64
2. Slower learning pace	43
3. Less frustration and nervousness	35
4. Will be with children like himself	20
5. Less competition	17
6. Less pressure on grades	8
7. None given	2
8. Not ascertained	13
(Total)	202*

*The total percent exceeds 100 because some mothers stated more than one reason.

TABLE 23

SCHOOL PROBLEMS STATED AS REASON FOR SPECIAL CLASS PLACEMENT OF EDUCABLE MENTALLY RETARDED CHILD

Problems	Percent of Mothers with EMR Children N=205
1. Learning difficulty in reading	57
2. Learning difficulty in arithmetic	48
3. Learning difficulty in writing	42
4. Slowness	27
5. Inability to follow directions	21
6. Hyperactivity (short attention span)	19
7. Difficulty in communicating	15
8. Agressive behavior toward others	9
9. Ridicule by classmates	9
10. Nervousness	9
11. None given	7
12. Not ascertained	2
(Total)	265*

*The total percent exceeds 100 because some mothers stated more than one problem.

Mothers are divided according to SES levels on their acceptance of the need for special class placement as shown in Table 24. More than one-half of the total group are rated high in acceptance with only 14.5 percent showing slight or no acceptance. Of the lesser accepting group, five times as many lower SES families fail to accept as did the upper SES, although there are only three times as many lower SES than upper SES families. This may well be related to the data in Table 5 which indicates that children with IQs 70-84 are recorded at 24 percent for lower, 18 percent for middle, and only 6.5 percent for the upper SES families. Parents whose children are closer to the borderline of normality may tend to reject any attempt to label their children as mentally retarded, especially where the educational level of the parents is lower and possibly with IQs which may be closer to those of their children.

TABLE 24

MOTHERS' ACCEPTANCE OF NEED OF SPECIAL CLASS PLACEMENT OF EDUCABLE MENTALLY RETARDED CHILDREN BY SOCIO-ECONOMIC STATUS

Degree of Acceptance	Percent of Mothers of Educable Mentally Retarded Children			
	Upper SES N=32	Middle SES N=74	Lower SES N=99	Total EMR N=205
1. High acceptance	10.0	21.5	26.0	57.5
2. Considerable acceptance	2.5	5.0	7.0	14.5
3. Moderate acceptance	1.5	3.0	7.0	11.5
4. Slight acceptance	0.5	3.0	4.5	8.0
5. No acceptance	1.0	2.5	3.0	6.5
6. Not ascertained	0.5	1.0	0.5	2.0
Total	16.0	36.0	48.0	100.0

In Table 25, the statistical analysis of mothers' acceptance of need for special class placement is shown for two groups of mothers. One group completely accepts the child as he is in all respects, and the other does so with minor to very great reservatio

TABLE 25

STATISTICAL ANALYSIS OF MOTHER'S ACCEPTANCE OF NEED FOR SPECIAL CLASS PLACEMENT OF EDUCABLE MENTALLY RETARDED CHILD BY ACCEPTANCE OF CHILD

Special Class Placement	Number	Significance	
		P	Direction
Non Completely Accepting	89	.03	NCA Low Acceptance
Completely Accepting	103		

Mothers who do not completely accept the child as he is are also not willing to accept the need for the child's special class placement. This difference is statistically significant at the 3 percent level.

Table 26 shows the parental satisfaction with the school's approach in the placement process. Mothers with high satisfaction are shown at 35 percent and those with no satisfaction at 10.5 percent. By SES levels it is interesting to note that the lower SE S families derive much greater satisfaction (18 percent) than did upper SES families (4 percent). Upper SES mothers are probably more prone to be articulate and demanding

TABLE 26

PARENTAL SATISFACTION WITH SCHOOL'S APPROACH IN PLACEMENT PERIOD OF EDUCABLE MENTALLY RETARDED CHILD BY SOCIO-ECONOMIC STATUS

Degree of Satisfaction	Percent of Mothers of Educable Mentally Retarded Children			
	Upper SES N=32	Middle SES N=74	Lower SES N=99	Total EMR N=205
1. High satisfaction	4.0	13.0	18.0	35.0
2. Considerable Satisfaction	6.5	9.5	14.5	30.5
3. Moderate Satisfaction	1.0	2.5	5.5	9.0
4. Slight Satisfaction	1.0	6.5	4.5	12.0
5. No Satisfaction	2.5	4.0	4.0	10.5
6. Not Ascertained	1.0	.5	1.5	3.0
Total	16.0	36.0	48.0	100.0

in their relationships to public officials than lower SES mothers.

A comparison of Catholic mothers with Protestant mothers (Table 27) shows that the Catholic mothers indicate less satisfaction with the school's approach in placement period than do the Protestant mothers. This is significant at the 4 percent level.

TABLE 27

STATISTICAL ANALYSIS OF PARENTAL SATISFACTION WITH SCHOOL'S APPROACH IN PLACEMENT PERIOD OF EDUCABLE MENTALLY RETARDED CHILD BY RELIGIONS

Religion	Number	Significance	
		P	Direction
Catholic	38	.04	C Low Satisfaction
Protestant	154		

Parental satisfaction with the amount of information they received about the child's test results or other psychological reports before the child's placement in the EMR special class is shown in Table 28. Almost half of the parents who were aware

TABLE 28

MOTHER'S SATISFACTION WITH PSYCHOLOGICAL REPORT BEFORE PLACEMENT IN EDUCABLE SPECIAL CLASS BY SOCIO-ECONOMIC STATUS

Degree of Satisfaction	Percent of Mothers of Educable Mentally Retarded Children			
	Upper SES N=32	Middle SES N=74	Lower SES N=99	Total EMR N=205
1. Highly satisfied	3.0	9.5	12.0	24.5
2. Considerably satisfied - minor reservations	0.5	5.5	7.0	13.0
3. Moderately satisfied - wanted more clarification	1.5	3.0	5.0	9.5
4. Slightly satisfied - more information would have been helpful	3.0	3.0	6.0	12.0
5. Not satisfied with test information-complained no information was given	2.5	6.5	4.0	12.0
6. No Psychological report	2.5	3.5	2.5	8.5
Not ascertained	3.0	5.0	11.5	19.5
Total	16.0	36.0	48.0	100.0

of a test are either highly or considerably satisfied with the report about it. When this group of parents is separated by SES levels it is found that a smaller percentage of upper class parents is highly or considerably satisfied. Again, it seems that the more articulate and better educated parents expect to be told more about the test results and so express themselves accordingly.

As shown in Table 29, parents are divided into groups by ordinal position of the children. It is found that the mothers of the youngest child receive less satisfaction with the test report than do mothers of either middle or oldest children. This is less statistically significant at the 2 percent level.

TABLE 29

STATISTICAL ANALYSIS OF MOTHER'S SATISFACTION WITH PSYCHOLOGICAL REPORT
BEFORE PLACEMENT IN EDUCABLE SPECIAL CLASS
BY ORDINAL POSITION OF THE CHILD

Ordinal Position	Number	Significance	
		P	Direction
Youngest	45	.02	Y Low Satisfaction
Middle	59		

In some cases only the mother was told of the child's retardation, and she then imparted this information to her husband. In others, the father was also present at the interview. Shown in Table 30 are the data for the father's acceptance of the need for special class placement. About two-thirds of those husbands about whom the wives had any opinion, indicate high or considerable acceptance for the child's placement in the class. Of those fathers who do not accept, as shown in Table 31, it is statistically significant the 2 percent level for the lower SES fathers; for upper SES fathers the trend was in the same direction, although not so statistically significant, with lower SES fathers accepting the placement with lesser satisfaction than do the middle SES fathers. This same trend is evident for lower SES fathers of elementary school children and not quite so statistically significant for lower SES fathers of secondary school children.

TABLE 30

FATHERS' ACCEPTANCE OF NEED OF SPECIAL CLASS PLACEMENT OF EDUCABLE MENTALLY RETARDED CHILD BY SOCIO-ECONOMIC STATUS

Degree of Acceptance	Percent of Fathers of Educable Mentally Retarded Children			
	Upper SES N=32	Middle SES N=74	Lower SES N=99	Total EMR N=205
1. High acceptance	9.5	15.5	15.5	40.5
2. Considerable acceptance	2.5	8.5	8.0	19.0
3. Moderate acceptance	0.5	3.0	6.0	9.5
4. Slight acceptance	1.0	1.5	6.0	8.5
5. No acceptance	0.5	3.0	5.5	9.0
6. Not ascertained	2.0	4.5	7.0	13.5
Total	16.0	36.0	48.0	100.0

TABLE 31

COMPARISON OF FATHERS' ACCEPTANCE OF NEED FOR SPECIAL CLASS PLACEMENT OF EDUCABLE MENTALLY RETARDED CHILD BY SOCIO-ECONOMIC STATUS AND SCHOOL LEVEL

Socio-Economic Status and School Level	No.	Significance	
		P	Direction
Lower SES, Elementary & Secondary	99	.02	L Low Acceptance
Upper SES, Elementary & Secondary	32		
Lower SES, Elementary & Secondary	99	.08	L Low Acceptance
Middle SES, Elementary & Secondary	74		
Lower SES, Secondary	52	.09	LS Low Acceptance
Middle SES, Secondary	38		
Lower SES, Elementary	47	.02	LE Low Acceptance
Upper SES, Elementary	21		

On the whole, mothers do not find the present placement of their MR children to be a problem as shown in Table 32. For EMR children, 64 percent of the mothers felt the placement was correct, and for SMR children, 69 percent felt similarly. Only 13 percent of the EMR mothers and 4 percent of the SMR mothers had major or extreme reservations about the child's placement.

TABLE 32

DEGREE TO WHICH SCHOOL PLACEMENT
IS A PROBLEM TO MOTHER

Degree of Problem	Percent of Mothers of Educable Mentally Retarded Children N=205	Percent of Mothers of Severely Mentally Retarded Children N=100
1. No problem: mother feels place is correct	64.0	69.0
2. Slight: mother has occasional reservations	9.0	13.0
3. Some: reservations of long duration in one area	11.0	10.0
4. Major: serious reservations in several areas	8.0	4.0
5. Extreme: mother feels placement is incorrect	5.0	0.0
6. Not ascertained	3.0	4.0
Total	100.0	100.0

When mothers of educable mentally retarded children expressed themselves, as shown in Table 33, concerning the child's school progress, 61 percent indicated high or considerable satisfaction. Lower SES mothers indicated less satisfaction than upper or middle SES mothers as Table 34 indicates, but not to a statistically significant degree. Mothers of elementary school boys were less satisfied then mothers of elementary school girls, a difference significance at the .025 level. Also significant at the .025 level was the lesser satisfaction with the child's school progress of the non-

TABLE 33

MOTHER'S SATISFACTION WITH EDUCABLE MENTALLY RETARDED CHILD'S SCHOOL PROGRESS BY SOCIO-ECONOMIC STATUS

Degree of Satisfaction	Percent of Mothers of Educable Mentally Retarded Children			
	Upper SES N=32	Middle SES N=74	Lower SES N=99	Total N=205
1. High Satisfaction	7.0	13.5	11.0	31.5
2. Considerable Satisfaction	2.5	10.0	17.0	29.5
3. Moderate Satisfaction	3.0	7.0	11.5	21.5
4. Slight Satisfaction	1.0	2.5	5.0	8.5
5. No Satisfaction	1.5	2.5	2.5	6.5
6. Not ascertained	1.0	0.5	1.0	2.5
Total	16.0	36.0	48.0	100.0

TABLE 34

STATISTICAL ANALYSIS OF MOTHER'S SATISFACTION WITH EDUCABLE MENTALLY RETARDED CHILD'S SCHOOL PROGRESS BY SOCIO-ECONOMIC STATUS, SCHOOL LEVEL, SEX, AND ACCEPTANCE OF CHILD

Variables	No.	Significance	
		P	Direction
Lower SES Level	99	.09	L Low Satisfaction
Upper SES Level	32		
Girls, Elementary	51	.025	GE Low Satisfaction
Boys, Elementary	53		
Non Completely Accepting	87	.025	NCA Low Satisfaction
Completely Accepting	105		

completely accepting mothers when compared with the completely accepting mothers. It is hardly likely that the mothers who do not accept the child in other ways would be expected to accept the lack of the child's school progress with any degree of satisfaction.

Relatively few mothers express a feeling that the curriculum of the special class should be changed, as shown in Table 35. Only 11 percent of the EMR and 4 percent of the SMR mothers indicate that a considerable change is needed with a complete revamping of the program. Also interesting is the fact that of the 40 percent EMR mothers who do not feel the need for any change, amuch higher percentage of mothers of elementary school children feel more satisfied than do mothers of secondary school children. What may occur to parents of an older child is the realization that their child may not be equipped to enter the economic battle and compete with children better endowed than their child; and with this realization comes the need to put pressure on the school for more training oriented to the work world.

TABLE 35

EXTENT TO WHICH MOTHER THINKS SPECIAL CLASS PROGRAM SHOULD BE CHANGED

Degree of Change Needed	Percent of Mothers of EMR Children (N=205)			Percent of Mothers of SMR Children (N=100)
	Elem.	Secondary	Total	
1. No need for change	24.5	16.0	40.5	39.0
2. Some need of change -- minor areas	7.5	7.0	14.5	26.0
3. Moderte need--many minor or one major area	12.0	13.0	25.0	22.0
4. Considerable change needed -- many major areas	4.5	5.5	10.0	3.0
5. Extreme degree of change needed-complete revamping	0.0	1.0	1.0	1.0
6. Not ascertained	2.2	6.8	9.0	9.0
Totals	50.7	49.3	100.0	100.0

Parental attitudes concerning the type of report cards issued to their children is expressed in Table 36. Most parents are satisfied with the report cards, with 65 percent of mothers of EMR children, and 68 percent of mothers of SMR children indicating high or considerable satisfaction. No great differences seem to be shown by SES levels.

TABLE 36

MOTHER'S SATISFACTION WITH TYPE OF REPORT CARD ISSUED
TO MENTALLY RETARDED CHILDREN, BY SOCIO-ECONOMIC STATUS

Degree of Satisfaction	Percent of Mothers of EMR Children (N=205)				Percent of Mothers of SMR Children (N=100)			
	Upper SES	Middle SES	Lower SES	Total	Upper SES	Middle SES	Lower SES	Total
1. Highly satisfied	7.0	20.5	25.0	52.5	13.0	15.0	27.0	55.0
2. Considerably satisfied	1.5	5.0	6.0	12.5	3.0	5.0	5.0	13.0
3. Moderately satisfied	1.0	2.5	4.5	8.0	2.0	2.0	2.0	6.0
4. Slightly satisfied	2.0	1.5	1.0	4.5	1.0	0.0	1.0	2.0
5. Not satisfied	1.0	3.0	5.0	9.0	1.0	1.0	0.0	2.0
6. Not ascertained	3.5	3.5	6.5	13.5	6.0	10.0	6.0	22.0
Total	16.0	36.0	48.0	100.0	26.0	33.0	41.0	100.0

As shown in Table 37, most mothers were happy with their teacher conferences. More than 60 percent of EMR mothers and 75 percent of SMR mothers indicate satisfaction with these conferences. The highest percentage of mothers who indicate dissatisfaction were in the SES level. This again may be based on the same rationale in many other facets of parent-school relations where the upper SES mothers are more articulate and demanding than middle or lower SES mothers.

TABLE 37

MOTHER'S SATISFACTION WITH PARENT-TEACHER CONFERENCES BY SOCIO-ECONOMIC STATUS

	Percent of Mothers of EMR Children (N=169)				Percent of Mothers of SMR Children (N=100)			
Degree of Satisfaction	Upper SES	Middle SES	Lower SES	Total	Upper SES	Middle SES	Lower SES	Total
1. Highly Satisfied	7.0	16.5	23.0	46.5	15.0	16.0	30.0	61.0
2. Considerable degree of satisfaction	1.0	5.0	8.0	14.0	4.0	6.0	4.0	14.0
3. Moderately satisfied	2.5	1.5	3.5	7.5	3.0	4.0	1.0	8.0
4. Slight satisfaction (major reservations)	.5	4.0	1.5	6.0	1.0	1.0	2.0	4.0
5. Not satisfied	1.0	2.0	0.0	3.0	.0	.0	1.0	1.0
6. Not ascertained	4.0	7.0	12.0	23.0	3.0	6.0	3.0	12.0
Total	16.0	36.0	48.0	100.0	26.0	33.0	41.0	100.0

More than half of the EMR mothers believe that their children are happier if they are integrated with children in regular classes as shown in Table 38. By this, these mothers indicate desire for their EMR child to share time with children in regular classes in non-academic activities. On the other hand, parents of SMR parents do not feel this to be desirable, presumably because of the more serious physical and mental handicaps of their children. No significant differences seem to occur when the families are divided by SES levels.

TABLE 38

DEGREE TO WHICH MOTHER FEELS THERE IS THE NEED FOR INTEGRATION
OF SPECIAL TRAINING CLASSES WITH REGULAR CLASSES
BY SOCIO-ECONOMIC STATUS

Feeling of Need for Integration	Percent of Mothers of EMR Children (N=205)				Percent of Mothers of SMR Children (N=100)			
	Upper SES	Middle SES	Lower SES	Total	Upper SES	Middle SES	Lower SES	Total
1. "No need"	0.0	2.0	3.5	5.5	11.0	12.0	10.0	33.0
2. Some need	2.0	6.0	7.5	15.5	6.0	6.0	16.0	28.0
3. Moderate need	1.0	7.0	5.0	13.0	3.0	3.0	4.0	10.0
4. Considerable need	3.5	12.0	22.0	37.5	1.0	5.0	7.0	13.0
5. High need	5.0	7.0	6.0	18.0	3.0	3.0	2.0	8.0
6. Not ascertained	4.5	2.0	4.0	10.5	2.0	4.0	2.0	8.0
Total	16.0	36.0	48.0	100.0	26.0	33.0	41.0	100.0

When questioned about the services they needed for their EMR children, as shown in Table 39, mothers indicate educational tutoring as the primary need for their children with parent counseling a close second. However, parents indicate a difference in their need for counseling since they feel the greatest aid needed is in handling the child and the other for the dealing with their own feelings.

Apparently the secondary school program is not meeting the needs of their EMR children in preparing them for a job according to the attitudes expressed by the mothers in Table 40. This is consistent with the data in Table 35, previously shown, where more

TABLE 39

SERVICES NOW NEEDED FOR THE EDUCABLE MENTALLY RETARDED CHILD

Services	Percent of Mothers with Educable Mentally Retarded Children N=205
1. Educational tutoring	23
2. Parent counseling (for managing and training the child)	22
3. Additional diagnostic service (including information and referral)	9
4. Recreational facilities	7
5. Psychotherapy for child	7
6. Parent counseling (for the parent's emotional disturbance)	6
7. Speech therapy for child	4
8. None	22
9. Not ascertained	15
Total	115*

* The total percentage is greater than 100 because some mothers named more than one service

TABLE 40

PARENTAL SATISFACTION WITH WHAT THE SCHOOL IS DOING TO HELP PREPARE THE SECONDARY SCHOOL EDUCABLE MENTALLY RETARDED CHILDREN FOR A JOB, BY SOCIO-ECONOMIC STATUS

Degree of Satisfaction	Percent of Mothers of Secondary School EMR Children			
	Upper SES N=11	Middle SES N=38	Lower SES N=52	Total N=101
1. Highly satisfied	0	4	2	6
2. Considerably satisfied	4	5	6	15
3. Moderately satisfied	1	4	11	16
4. Slightly satisfied	3	9	11	23
5. Not satisfied	0	7	6	13
6. Not ascertained	3	9	15	27
Total	11	38	51	100

more mothers of secondary than elementary school children indicate a need for revamping the curriculum. Almost twice as many parents are unhappy about this lack than parents who are satisfied. Both middle SES and lower SES mothers indicate this degree of dissatisfaction, whereas the upper SES mothers are about evenly divided. This may be because of the higher IQ level of the middle and lower SES children. Or it may be because the upper SES families have other means of providing for the economic welfare of their children than that which the school offers. School for some of these upper class secondary school children may mean more of a place where socialization skills and some academic material are learned rather than a place where they are to be fitted for an occupation.

TABLE 41

MOTHER'S ESTIMATE OF SECONDARY SCHOOL EDUCABLE MENTALLY RETARDED CHILD'S PARTICIPATION IN PART TIME WORK, BY SOCIO-ECONOMIC STATUS

Degree of Participation	Percent of Mothers of Educable Mentally Retarded Children			
	Upper SES N=11	Middle SES N=38	Lower SES N=52	Total N=101
1. High participation	0.0	0.0	1.0	1.0
2. Considerable participation	0.0	6.0	10.0	16.0
3. Moderate participation	1.0	4.0	5.0	10.0
4. Slight participation	1.0	12.0	14.0	27.0
5. No participation	8.0	10.0	21.0	39.0
6. Not ascertained	1.0	6.0	0.0	7.0
Total	11.0	38.0	51.0	100.0

As one might expect, EMR secondary school children from the upper SES families are least involved in part-time work, As shown in Table 41, only a small percentage of mothers indicate that their EMR children work part-time, with more than two-thirds not participating at all, or only to a slight degree.

Table 42 shows what mothers felt when questioned about the child's potentialities and limitations. The appraisal by the interviewers and raters is based on the mother's awareness of the child's developmental ceiling and the degrees of contradictory, wishful thinking expressed by the parent. For the EMR families only 36 percent are rated as being realistic about the child, with 22 percent not realistic or only slightly realistic. The greatest percentage of mothers who apprаise their child realistically come from the upper SES level, and the next from the middle SES. The least realistic of the parents expect their children to outgrow the condition and learn to read and write like other children, and ultimately to return to the regular classroom. Only half of the mothers of SMR children could be rated because of the vagueness of the responses. Upper SES parents of SMR children seem to express a more realistic approach to their children's limitations than do middle or lower SES families.

TABLE 42

MOTHER'S REALISTIC APPRAISAL OF SCHOOL AGE RETARDED CHILD'S POTENTIALITIES AND LIMITATIONS, BY SOCIO-ECONOMIC STATUS

Degree of Realistic Appraisal	Percent of Mothers of EMR Child (N=187)				Percent of Mothers of SMR Child (N=100)			
	Upper SES	Middle SES	Lower SES	Total	Upper SES	Middle SES	Lower SES	Total
1. Completely realistic	2.5	6.0	3.5	12.0	7.0	3.0	6.0	16.0
2. Considerably realistic	3.5	8.0	13.0	24.5	2.0	5.0	8.0	15.0
3. Moderately realistic	4.0	11.5	17.0	32.5	2.0	3.0	10.0	15.0
4. Slightly realistic	1.0	6.0	7.0	14.0	1.0	0.0	3.0	4.0
5. Not realistic	1.5	2.5	4.0	8.0	0	0	0	0.0
6. Not ascertained	3.5	2,0	3.5	9.0	14.0	22.0	14.0	50.0
Total	16.0	36.0	48.0	100.0	26.0	33.0	41.0	100.0

When questioned about their child's future in terms of becoming self-supporting, more than 60 percent of the mothers of EMR children indicated that their children would become self-supporting, as shown in Table 43. Only 5.5 percent indicated a possibility of the child's being kept at home or placed in sheltered employment.

TABLE 43

MOTHER'S ANTICIPATION OF TYPE OF JOB THAT THE SECONDARY SCHOOL EDUCABLE MENTALLY RETARDED CHILD WILL BE ABLE TO GET TO BECOME SELF-SUPPORTING, BY SOCIO-ECONOMIC STATUS

Type of Job	Percent of Mothers of Educable Mentally Retarded Children			
	Upper SES N=11	Middle SES N=38	Lower SES N=52	Total N=101
1. Full-time job - semi-skilled	5.5	15.0	18.5	39.0
2. Full-time job - unskilled	3.0	6.5	13.0	22.5
3. Ambivalence as to child's Capability of self-support	5.0	10.5	11.5	27.0
4. Sheltered employment	1.5	1.0	1.5	4.0
5. Home care	0.0	0.5	1.0	1.5
6. Not ascertained	1.0	2.5	2.5	6.0
Total	16.0	36.0	48.0	100.0

TABLE 44

STATISTICAL ANALYSIS OF MOTHER'S ANTICIPATION OF TYPE OF JOB THAT THE SECONDARY SCHOOL EMR CHILD WILL BE ABLE TO GET BY INTELLIGENCE OF CHILD AND AMOUNT OF ENJOYABLE INTERACTION BETWEEN MOTHER AND CHILD

Variables	No.	Significance		
		P	Direction	
IQ 70-84	99	.08	IQ 70-84	Full-time job
IQ 46-64	36			
High affection between mother and child	38	.0005	HA	Full-time job
Low affection between mother and child	168			

As shown in Table 44, mothers seem to feel that the IQ 70-84 children have a better chance at succeeding in work than the IQ 46-64 children. This difference is significant at the .08 level. When mothers are separated by degree of affection shown for the child, the mothers showing high affection for the child also feel that the child has a good chance of becoming self-supporting. This is highly significant at the .0005 level.

As shown in Table 45, 67 percent of the mothers of EMR children indicated that their sons will be capable of marriage and able to support their families, as well as their daughters will be capable of marriage and rearing a family. Only 10 percent are doubtful about this or do not feel their children will be capable of this responsibility.

TABLE 45

MOTHER'S ANTICIPATION THAT EMR CHILDREN WILL BE CAPABLE OF MARRIAGE AND SUPPORTING A FAMILY OR BE ABLE TO MANAGE A FAMILY OR A HOUSEHOLD, BY SOCIO-ECONOMIC STATUS

	Percent of Mothers of Educable Mentally Retarded Children			
Degree of Capabiltiy	Upper SES N=11	Middle SES N=38	Lower SES N=52	Total N=101
1. Capable of marriage & job	6.0	14.5	25.0	45.5
2. May be capable of marriage and job	3.5	8.5	9.5	21.5
3. Ambivalent about capability for marriage and job	2.5	7.5	5.5	15.5
4. Doubtful about capability for marriage and job	1.5	2.0	5.0	8.5
5. Would not be capable of marriage and job	0.0	1.0	0.5	1.5
6. Not ascertained	2.5	2.5	2.5	7.5
Total	16.0	36.0	48.0	100.0

In Table 46, the EMR mothers who are completely accepting tend to be more confident that their children will marry and be self-supporting than do the mothers who were not completely accepting. When the EMR mothers are compared by ordinal position of the MR child, a trend is shown in their attitudes toward the youngest child as being more capable than oldest child of rearing a family and becoming self-supporting. When mothers of youngest children are compared with those of middle children, it was significant that the mothers of middle children feel that their children will be more capable than the youngest in this area.

TABLE 46

STATISTICAL ANALYSIS OF MOTHER'S ANTICIPATION THAT EMR CHILDREN
WILL BE CAPABLE OF MARRIAGE AND SUPPORTING A FAMILY OR BE ABLE
TO MANAGE A FAMILY OR A HOUSEHOLD BY ACCEPTANCE OF CHILD,
AND ORDINAL POSITION OF CHILD

Variables	No.	Significance	
		P	Direction
Completely accepting mothers	98	.09	CA Child will be capable
Non completely accepting mothers	82		
Youngest child in family	56	.10	Y Child will be capable
Oldest child in family	47		
Middle child in family	71	.01	M Child will be capable
Youngest child in family	56		

When EMR mothers are questioned about the possibility that their sons will be accepted into the army at draft age, 41 percent are confident that they will be accepted, as shown in Table 47. The others have doubts about the son being able to adjust to army life or to pass the mental and physical examinations. Upper SES mothers of EMR children do not believe their sons will go into the army as much as EMR middle and lower SES mothers do. This is shown in Table 48.

TABLE 47

MOTHERS' EXPECTATION THAT EDUCABLE MENTALLY RETARDED BOY WILL GO INTO THE ARMY, BY SOCIO-ECONOMIC STATUS

Expectation	Percent of Mothers of EMR Children			
	Upper SES N=32	Middle SES N=74	Lower SES N=99	Total N=205
1. Will go into Army	3.0	13.5	24.5	41.0
2. May be drafted, but will not make it	2.0	6.0	3.0	11.0
3. Ambivalent about acceptance	1.0	6.0	10.5	17.5
4. Does not expect him to go	1.0	3.0	2.0	6.0
5. No possibility of being accepted	8.0	6.0	7.0	21.0
6. Not ascertained	1.0	1.5	1.0	3.5
Total	16.0	36.0	48.0	100.0

TABLE 48

STATISTICAL ANALYSIS OF MOTHERS' EXPECTATION THAT EDUCABLE MENTALLY RETARDED BOYS WILL GO INTO THE ARMY, BY SOCIO-ECONOMIC STATUS

Socio-Economic Status	No.	Significance	
		P	Direction
Lower SES	52	.01	L Going into Army
Upper SES	16		
Middle SES	35	.04	M Going into Army
Upper SES	16		

In summary, on the whole the school's part in preparing the parents of educable mentally retarded children to accept the need for special class programs and the child's part in it seems to be well accepted by a majority of the parents who expressed themselves in this study. In the area of presenting the psychological report, mothers indicate a need for more data or greater clarification of the technical basis on which placement is often decided. In the area of curriculum, EMR mothers of secondary school age children want more training in subjects that prepare their children for the world of work in order to make them independent, self-supporting citizens.

Sample Responses from Mothers Concerning Placement of Her Educable Mentally Retarded Child in a Special Class

The following excerpts from six mothers' responses to questions concerning the placement of her EMR child in a special class are presented to make clear the specific objections or misconceptions which mothers have of the special class program. These responses are not truly representative, but are presented merely as examples of mothers' reactions to the school's placement of her child in a special class. Two cases from each of the three Socio-Economic Status levels were selected--one mother with an EMR girl and the other with an EMR boy.

Case I: Mother of a 6 year-old girl with IQ 60 (Upper SES level)

Q: How did she get along in school?

A: She had a great deal of difficulty with her eyes, She had difficulty distinguishing colors in the beginning. She got in with children, but was not too sure with herself; very clumsy and not able to participate with other children. She would try to play, but could not.

Q: Who talked to you about her problem?

A: We saw many people besides the teacher about her. We had her in for her health and had a complete physical. We even took her to a doctor for testing. He gave her tests mentally to find out why her balance was off. I discussed all of this with the people at school. I had conferences with her kindergarten teacher, but I never talked to the principal. The kindergarten teacher thought that she would go along in the class with the children just as she was, but that she shouldn't go to the first grade.

Q: Why did they recommend her for the special class?

A: When the doctor tested her for doing and writing certain things, she couldn't control the pencil.

Q: What did he say was the cause of her difficulties?

A: He didn't know. He didn't understand that her eyes were as bad as they were.

Q: Did you have any reason to doubt what he told you?

A: Yes, we did. We knew that she had poor coordination and we thought that that had to do with her writing and her drawing work.

Q: What did you think of the way you were told?

A: My husband and I were sort of shocked at the time we were both told.

Q: How did your husband feel about the change to the special class?

A: In fact, he was very upset at the time. When the word retarded was mentioned, my husband became very upset. I was on the verge of a breakdown from it because I got so very upset and worried about the thing. However, when he suggested registering her for the retarded class he said there would be quite a waiting period. My husband and I were then even more upset.

Case II: Mother of a 13 year-old boy with IQ 70 (Upper SES level)

Q: Who talked to you about his problem?

A: The school psychologist asked me if I would go with him to visit the special class. He said he had been observing him on the playground. He thought he was too shy, didn't get along with others, and possible if he was in a smaller group he would get more self-assurance and be more willing to join in.

Q: Who recommended that he be placed in a special class:

A: The school psychologist.

Q: Why did he recommend him for the special class?

A: Because of his unsociability, I would say. Not getting along with others. They stressed that quite strongly, his personality problems. They didn't stress the learning part of it. I don't recall him saying anything about his not learning right.

Q: What did he say was the cause of his difficulties?

A: Well, we just didn't think about what caused his difficulties. Possibly because we're both so quiet ourselves, and knowing that he is quiet. I know with adults, he can act adult, but it seems the minute he gets with children, he doesn't know quite how to act. He can't seem to act like a child, and yet he is more of a child. He just seems to get to overly excited. He just can't seem to control his emotions with children.

Q: Did you have any reason to doubt what he told you?

A: I did doubt it in this way. I said "Is this your answer?" He said "Yes," and I said, "Isn't there any other way?" He said, "Not in my estimation, there isn't." So I told him I couldn't decide this on the spur of the moment. I said, "I've never been told that he couldn't keep up to that extent." It just was a shock. And the more I thought it over, the more I thought they should know, and that I should give it a try.

Q: What did you think of the way you were told?

A: Well, I believe the way I was told was a shock because it wasn't too long before that I had seen his teacher. There was no indication that this change was in the making, and then all of a sudden she asked me to come to school and see the school psychologist. I Wasn't too happy by the way I was told. No. Not at all.

Q: Were you told as much as you wanted to know?

A: I have the feeling that more was kept from me than maybe I should have known. I don't know whether they felt it was best to keep it from me or not, or just what it was.

Q: Did you want more information about the test results?

A: I understand before they take an IQ test they are supposed to consult the parents. Am I right on that? I certainly don't think it would do a child any harm. I thought there were other tests that had been taken that I would like to have known about ahead of time.

Q:	What kind of help did you get from the school psychologist?
A:	None whatever. I never saw him again. I had no further contact with him. I don't know whether this is the time to bring this up or not, but when he was in first grade the teacher became quite confused and baffled by my boy and suggested that I go to the family service, which I did for a year, once a week. I didn't find what the school psychologist told me helpful because he said there wasn't anything the matter with the boy.
Q:	What did he say the school would do for him in the special class?
A:	He just pointed out the others in the special class, said how they had been very shy and now they were receptive and that he felt that he would improve in that line, if he were in a smaller group.
Q:	How did your husband feel about the change to the special class.
A:	My husband was out of town when the psychologist took me over to the other class and when he got home, of course I told him about it. He is a great one to comply with anyone's wishes. If he feels that it has to be, then he feels they should know. I think I am more the one to questions it. I had a hard time in telling him about it. Very much so; it was very much upsetting. I haven't gotten over it yet, really.

Case III: Mother of a 15 year-old girl with IQ 84 (Middle SES level)

Q:	How did she get along in school?
A:	In the first grade she had a hard time keeping up academically with the class, but she did get along well socially. After second grade, we put her in the special class.
Q:	Who talked to you about her problem?
A:	The school nurse came down to visit with me and she said why don't you consider putting her in the school which has special classes. Well, I said that's fine. If someone had told me about it, I would have been glad to do it before this; but I didn't even know they had a class like this. I went down to the school board and talked to the school psychologist. I guess they made arrangements somehow or other, and there are evidently entrance requirements into the special class.

Q: Who recommended that she be placed in a special class?

A: I was the one who recommended it. In fact, I was the one who demanded and insisted that something be done and put her in a certain place after I found out about this special class in our district. No one recommended that she be placed in the special class. I've had to fight it all the way along.

Q: Did you want more information about the test results?

A: No one has discussed a test with me whatsoever, and I feel that's a mistake. I would like to know how much my child is capable of doing. I don't even know her IQ. I feel that at home I could have helped her. I could have pressured her some, which all children can take, and she can take a little pressuring. I could have expected more or less of her if I had known at what level she was.

Q: How did your husband feel about the change to the special class?

A: My husband thought it was fine. I realized and understood that she had this problem and that academically she couldn't keep up. We were going around in a whirlpool of uncertainty so that any change seemed to be a change for the better.

Case IV: Mother of a 13 year-old boy with IQ 77 (Middle SES level)

Q: How did he get along in school?

A: He couldn't get along in kindergarten. He wasn't as mature as the other children were. I don't think he understood orders. I don't think he could fit in as far as the other children were concerned with the pencil and their using the paper. In sharing, I imagine he was too generous.

Q: Who talked to you about his problem?

A: They told me that they couldn't get in touch with me. That was the story they gave me, but I don't know how true it was. I found out about the special class after he was in it. I went with him to class one day, and I saw that there were only 15 children in his class; and I thought that was very unusual. I didn't know until then, and then I went to the principal and asked her how come this class has only 15 children. When she explained this to me, I went to pieces. I had no idea of this whatsoever before.

Q: Who recommended that he be placed in a special class?

A: I imagine the principal and the teacher, I don't know.

Q: What did he say was the cause of his difficulties?

A: They did tell me then that his coordination was very poor and that he did not seem to take or catch on as well as the other children and that this class was specially developed for that type of child.

Q: Did you have any reason to doubt what he told you?

A: I didn't believe what they told me.

Q: What did you think of the way you were told?

A: I thought it was very cruel. The excuse they gave me that they couldn't get in touch with me was very cruel, and I don't know why they used it. I certainly would have taken care of it right away if I had gotten any mail. I have no records, no ideas, no way of knowing what they had done. The only way I found out was when I took him to school. The only time I heard more about it was when they had the conference with mothers from kindergarten to first grade. That was the only time they told me his coordination was bad and he was slow. They didn't tell me they had intended to do anything about it like that.

Q: What did he say the school would do for him in the special class?

A: Well he didn't give me any information as to what was being done in the class. I watched for myself and then made inquiries.

Q: How did your husband feel about the change to the special class?

A: I don't know. My husband seemed to be indifferent when I told him. He didn't seem to help me too much with the problem. He had his own problems. I was very unhappy about it. I had to do it all alone. I found it difficult to have to tell him. I don't remember how I said it. I just happened to mention the class where there were only 15 children . He just couldn't seem to understand it. I had explained to him that they had taken him out of his regular class and put him into the special class because his coordination was so bad and he was slow.

Case V: Mother of a 12 year-old girl with IQ 71 (Lower SES level)

Q: How did she get along in school?

A: The school told me her main problem from the first grade to the third grade was that she was a discipline problem and wasn't learning. The special class teacher was taking her to the special class for a few hours a week to see how she would adjust. The teacher could not get her to settle down to learn. She was too active, and distracted the other kids who were willing to learn.

Q: Who talked to you about her problem?

A: Well, it wasn't until the fourth grade, at the end of the first semester, that she went into the special class. I had gone in for a parent-teacher conference earlier in the year, and her teacher told me at that time that the psychologist had been seeing her for a couple of hours every week, testing her, and she said that was all she knew about it. I didn't know about it.

Q: Who recommended that she be placed in a special class?

A: The principal of the school called us and my husband went up there. He had the discussion with the principal, the psychologist, and the teacher; I didn't. My husband said that they had conducted these tests, and she just wasn't able to keep up with her grade level in school. I think they weren't sure if she was retarded or if she was suffering from a psychological block, but they definitely recommended that she be put into a special class.

Q: Did you have any reason to doubt what he told you?

A: I do think before they proceeded with any testing on her, I think it should have been done with our knowledge. I don't like the way they just took her out of the class and did that. I think we should have known about that. They should have asked us first.

Q: What did you think of the way you were told?

A: To tell the truth, we were very upset when they said she might be retarded. We thought they were crazy, because as a baby and a preschool child, she always seemed alert and very normal. I still thought she wasn't settling down.

Q: Did you want more information about the test results?

A: I went ahead and let them place her in the special class and then after she was placed in there I went up to the school. I didn't get a chance to talk to the psychologist although I did talk to the principal and her teacher in the special class. They didn't have too much to offer me about her.

Q: What did he say the school would do for her in the special class?

A: The principal said she would be with children on her own level. She would get more individualized help. They would have a chance to teach her better because the classes are so much smaller, and they are able to have the individual help. I've noticed a great deal of difference since she has been in the special class.

Case VI: Mother of a 14 year-old boy with IQ 61 (Lower SES level)

Q: How did he get along in school?

A: In the tenth grade he was put into the special training class.

Q: Who talked to you about his problem?

A: They didn't tell me. They kept telling the boy. I remember that when he was in the ninth grade, he kept telling me that the teachers had told him that if he didn't do any better, he was going to be put into a special class. I didn't get an invitation to come to school, although time and time again they say you are welcomed to come to a school. He's been in special training for one year now and he hasn't had anyone talk to him or me. In fact we've been kind of unhappy. My husband is very disappointed because he wanted him to finish high school, and they kind of encouraged him to quit school. Some of the teachers would tell him that he wasn't doing very good and that it would be better if he didn't come to school. My husband didn't like that at all.

Q: Did you have any reason to doubt what the principal told you?

A: My husband came to school one time and was told there wasn't much that could be done. I mean, well at one time they did call us in but that was for discipline. They told me he talked too much in class. This was before he was put into the special class. One of the teachers told me this. They talked to us about mostly discipline and that he never turned any papers in. So I talked to him and he said, "how can I turn any work in if I don't know how to do it." He says, "you know that work is hard for me." They told us he would have to work a little harder. The math teacher told us this. That's the only one we saw.

Q: What did he say the school would do for him in the special class?

A: We were never told what they thought would be the special advantage for him in the special class.

Q: How did your husband feel about the change to the special class?

A: My husband feels bad about the fact that he had to go to the special class. I just felt awful about it. Another thing is that my husband tells him a lot of times that he's dumb, that he's in a special class and never learning anything. He just tells him that he's just plain lazy because he could do better.

Acceptance of Mentally Retarded Children by their Mothers

To understand why a mother of a retarded child tends to be more or less accepting involves an appraisal of her value system. Once this is done it is possible to find clues which will enable professional workers to assist in the modification of faulty attitudinal patterns through counseling. The mothers in this study indicate a need for counseling; in the area of child-handling and to a lesser degree in dealing with their own feelings concerning the child and the family.

In this section selected data are presented to show some of the areas which are significant when the Completely Accepting mothers are compared with Non-Completely Accepting mothers*.

TABLE 49

MOTHERS' ATTITUDES TOWARD THEIR MENTALLY RETARDED CHILDREN BY DEGREES OF ACCEPTANCE OF THE CHILD AND BY SOCIO-ECONOMIC STATUS

	Percent of Mothers of Educable Mentally Retarded Children				Percent of Mothers of Severely Mentally Retarded Children			
Degree of Acceptance	Upper SES N=32	Middle SES N=74	Lower SES N=99	Total N=205	Upper SES N=60	Middle SES N=79	Lower SES N-63	Total N=202
1. Complete Acceptance	9.0	18.5	24.5	52.0.	15.5	19.0	19.0	53.5
2. Considerable Acceptance	4.0	8.0	16.5	28.5	9.0	11.5	5.5	26.0
3. Moderate Acceptance	1.0	4.5	4.0	9.5	4.0	4.0	4.0	12.0
4. Slight Acceptance	0.0	2.5	1.0	3.5	1.0	4.0	2.5	7.5
5. No Acceptance	0.5	0.5	1.0	2.0	0.0	0.5	0.0	0.5
6. Not Ascertained	1.5	2.0	1.0	4.5	0.5	0.0	0.0	0.5
Total	16.0	36.0	48.0	100.0	30.0	39.0	31.0	100.0

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*See Page 48 for description of these items.

As shown in Table 49, 53.5 percent of the mothers of SMR children and 52 percent of mothers of EMR children are Completely Accepting. Table 50 indicates that a relationship exists between a mother's acceptance of her child and her prior acceptance of the concept of mental retardation. This was more pronounced in the case of mothers of severely retarded than mothers of educable retarded children.

TABLE 50

COMPARISON OF THE MOTHER'S ACCEPTANCE OF THE CONCEPT OF MENTAL RETARDATION AND HER ACCEPTANCE OF HER MENTALLY RETARDED CHILD

	Percent of Mothers of EMR Children		Percent of Mothers of SMR Children	
Degree of Acceptance	MR Concept N=205	EMR Child N=205	MR Concept N=202	SMR Child N=202
1. Complete Acceptance	6.0	52.0	22.0	53.5
2. Considerable Acceptance	15.0	28.5	41.0	26.0
3. Moderate Acceptance	26.0	9.5	22.0	12.0
4. Slight Acceptance	30.0	3.5	8.0	7.5
5. No Acceptance	18.5	2.0	1.0	0.5
6. Not Ascertained	4.5	4.5	6.0	0.5
Total	100.0	100.0	100.0	100.0

Hypotheses Relating to Acceptance of the Mentally Retarded Child

Seven hypotheses relating to the mother's acceptance of her mentally retarded child are subjected to analysis, using the data collected in this study. The hypotheses are:

1. Mothers of EMR and SMR children, who are completely accepting of the child as he is and respect him as an individual, will show greater self esteem than

will mothers who are not completely accepting of the child.

2. Mothers of EMR and SMR children who are completely accepting of the child will have lesser anxiety about their ability as child-rearer than will mothers who are not completely accepting of the child.
3. Mothers of EMR and SMR children who are completely accepting of the child will enjoy a greater sense of affectionate interchange with their children than will the non-completely accepting mothers.
4. Mothers of EMR and SMR children with a high sense of self-esteem will have little anxiety about their roles as child-rearers as compared to mothers with lower self-esteem.
5. Mothers with high self-esteem will show a higher agreement with their husbands about child-rearing techniques than will mothers with lower self-esteem.
6. Mothers of EMR and SMR children who are Protestants will show no significant differences in their complete acceptance of the child as compared to Catholic mothers.
7. Mothers of EMR and SMR children who are devout in their religious observance will accept the child more completely than will mothers who are not so devout.

Selected Characteristics of Completely Accepting and Non-Completely Accepting Mothers

The statistical analysis of the attitudes of mothers of EMR and SMR children by acceptance of their retarded child on selected variables will be found in Appendices E and F, respectively. A discussion of selected characteristics of Completely Accepting mothers compared with Non-Completely Accepting mothers is given below. The pertinent scale numbers are included so as to permit the reader to refer to the corresponding statistical data in Table E and F.

SMR Child's Potentialities and Limitations. (Scale 25)

The Non-Completely Accepting mothers are less realistic in terms of the child's potentialities and limitations. While the Completely Accepting mother realizes that the child's rate of learning will always be slower and that his developmental ceiling will be low, the Non-Completely Accepting mother has expectations for the most part dictated by wishful thinking. Some have definite aspirations for their severely retarded children to grow out of the condition and be able to attend a regular school, learn to read and achieve satisfaction from bookish pursuits.

Mother's Sex Anxiety. (Scales 38-46)

The Completely Accepting mothers are much more relaxed about the subject of sex as it concerns the small child. There is little or no anxiety evident. The mother has an easy attitude about modesty, sex-play, handling of sex organs, and permissiveness for going without clothes. The Completely Accepting mother may find some of the incidents relating to sex mildly amusing. She seems willing to answer the child's questions freely and without evasion. The Non-Completely Accepting mother has difficulty in talking to her retarded child about sex, uses words as "nasty", fears that the child may be a victim of a sex attack, goes to great lengths to protect the child from any sex information or minor experiences. The Non-Completely Accepting mother is less permissive about the child's going without clothes, puts more pressure on the child not to handle sex organs, and states freely that the child will have problems of a sexual nature during adolescence. For the Non-Completely Accepting mothers, a higher anxiety was expressed by mothers of a severely retarded child than by mothers of an educable mentally retarded child.

Child's Difficulty with Classmates. (Scale 76)

The Non-Completely Accepting mother reports that the child has considerably more difficulty with classmates, both during the pre-school and school periods of development. Because of the greater opportunity for contact, this was reported to be a problem more with mothers of educable than severely retarded children.

Mother--Teacher Contacts. (Scales 84 & 86)

Non-Completely Accepting mothers tend to derive less satisfaction from meetings with the teacher, possibly because of the reports of the child's difficulties with classmates, and consequently tend to have fewer conferences with the teacher than do the Completely Accepting mothers.

Acceptance and/or Awareness of Mental Retardation in General. (Scale 112)

The Completely Accepting mother tends to accept the concept of retardation. She uses the word "retarded" or some diagnostic label and does not hesitate to describe the physical and mental limitations which the child possesses.

Mother Satisfaction with Child's Present Functioning. (Scale 127)

The Non-Completely Accepting mother feels less satisfaction in terms of the child's competence in any one area of present functioning.

Amount of Affection Between Mother and Child. (Scale 128)

Completely Accepting mothers report considerably more demonstrative, enjoyable inter-action between herself and her retarded child. She is more likely than the Non-Completely Accepting mother to hug and kiss the child and to call him by endearing names. The Non-Completely Accepting mother only occassionally kisses her child, and in general presents a fairly cold and undemonstrative manner to the child.

Extent to Which Mother and Child Get on Each Other's Nerves. (Scale 130)

One significant area in which the two groups of mothers differ relates to the fact that the Non-Completely Accepting mother complains that the child drives her to distraction to a degree which becomes quite upsetting to the mother, and as a result is very disruptive of total family interaction.

Table Manners and Neatness. (Scales 133 & 134)

The Non-Completely Accepting mother tends to make a fuss and a major problem over the child's hyperactivity at the table, noise and general messiness. The mother cannot envision taking this child for a visit to relatives or neighbors, and hardly ever to a restaurant for fear of the child's completely unacceptable behavior, boisterousness and frequent interruptions.

Obedience. (Tables 135-139)

Non-Completely Accepting mothers feel that they are constantly involved in arguments concerning struggles, threats or penalties. These mothers feel that the parental demands are being resisted and that the friction is continuous and acute.

Spanking. (Tables 147-149)

In both groups the mother does the spanking, although in the Completely Accepting families, the father does less spanking. The Completely Accepting mothers tend to feel that the spanking does the child considerable good and consequently they continue doing this. Many of the Non-Completely Accepting mothers continue to spank, even while admitting that it doesn't do much good.

Dependency Relationships and Their Effects on Parents. (Scales 157-161)

The Non-Completely Accepting mothers are not accepting of the child's dependency feelings. The mother does not want the child clinging to her skirts and following her around closely. She feels that the child should be exposed to any number of situations unless there is danger involved. She wishes the child to learn to do things for himself and indirectly exposes the child to many problems, suffering, and even some hazards. The child whose mother is Non-Completely accepting does not usually object to being separated from the mother. The Non-Completely Accepting mother feels that her social activities are interfered with, that she is hardly able to participate in any outside activities, and that she and her husband are, to a great extent, unable to get away from the child.

Mother--Father Agreement about Child-Rearing Techniques. (Scale 166)

The Non-Completely Accepting mother tends to have considerable differences with her husband about child-rearing techniques. There is much more disagreement than agreement and the husband and wife are quite critical of each other. Their disagreement may be complete and constant, both on major issues and day-to-day matters.

Discipline. (Scales 169 & 173)

Non-Completely Accepting mothers of severely retarded children say that their husbands think they are much too lenient in dealing with the child. They report that their husbands would prefer them to be more strict. It is interesting to note that similar mothers of educable mentally retarded children report that their husbands thought that they are too strict.

Effect of Retarded Child on Marriage. (Scale 172)

Non-Completely Accepting mothers feel that the effect of raising the retarded child has had a negative effect on the marriage; that it makes for difficulty between them and their husbands, and may even create feelings of separation. The same effect is claimed by the mother in terms of her own feelings as well as that of the marriage. She feels that as a mother, many major difficulties have come about because of the retarded child.

Degree Mother Patterns Herself after Her Own Mother. (Scales 174 & 175)

The Non-Completely Accepting mother tends not to pattern herself after her own mother. In fact, she tries to be somewhat or completely different from her own mother, whereas the Completely Accepting mother feels that in many ways she attempts to be very much like her own mother. Both groups of mothers felt that their competency in child-rearing was about the same as that of their mothers.

Child Rearing Anxiety and Self-Esteem. (Scales 177 & 178)

Two of the most important areas in which the two groups of mothers differed relates to the Non-Completely Accepting mother's feelings of high child-rearing anxiety and low self-esteem. The mother feels completely unsure about being able to cope with child-rearing problems. She feels generally unstable, incompetent, and ineffective. Her self-esteem suffers in that she feels she is a poor mother in most respects with strong feelings of dissatisfaction. She tends to depreciate herself considerably. She may say that she knows what is right but she does that which she feels is wrong. Her self-concept as a mother is very hazy in terms of being able to live up to her own values with respect to achievement and temperament. She compares herself unfavorably with other mothers. She has little confidence, little self-satisfaction with herself as a person and as a mother. She states that she is able to treat the retarded child in few ways which would be comparable to the raising of a normal child.

Sibling Tension. (Scales 179-190)

One of the key areas that create anxiety for the Non-Completely Accepting mother is her rationalization based on the problems which the retarded child creates for the other children. She feels that the siblings find it difficult to explain the retarded child's condition to any of their peers and that the siblings are often unable to discuss the retarded child's condition at all. Further, she feels that the future holds many problems for the siblings which may be completely disruptive of the sibling's development. The mother may quote several problem areas in which the retarded child's condition has already been quite disrupting to the life of the sibling.

Helpfulness and Understanding by Relatives. (Scales 191 & 192)

Since the opinion of the mother's own parents is often of crucial importance in the acceptance of the retarded child, it is quite clear that the assistance of the child's grandparents may make a difference in the acceptance or non-acceptance of the child. The Non-Completely Accepting mothers indicate that the grandparents of the child tended to disapprove of the child more than to approve; that any praise was tempered by fault-finding; and that there was a great tendency to ignore or belittle praiseworthy behavior and to pick out minor details to criticize disproportionately.

Relations with Neighbors and Their Children. (Scales 193-198)

The Non-Completely Accepting mother tends not to know very many of her neighbors, seldom greets them or shows little evidence of shared activities with them. She does not go out or entertain many of her neighbors in her home. The Non-Completely Accepting mother feels little responsibility to initiate discussions in the neighborhood, to clarify the child's limits, to understand the neighbors' sensitivities, and even may not supervise a child effectively from encroaching on the privacy of the neighbors. Her attitude may be that whatever happens to the neighbor is solely the neighbor's own responsibility. Possibly as a result, this mother usually finds the child involved in major neighborhood problems and is extremely concerned, even overwhelmed, by her worries about her child getting into difficulties. This may seem difficult to understand, in light of the mother's feeling of low responsibility for initiating positive action in the direction of her neighbors as it concerns the child's welfare. The retarded child usually has considerable difficulty in socializing with boys and girls in the neighborhood, is unable to find friends, and this in time may be disrupting of his personality. The mother is quite permissive, letting the child quarrel with other children, seldom interferes, and does not punish.

Placement of Child Away from Home. (Scales 233-244)

Non-Completely Accepting mothers of severely retarded children react much more favorably to recommendations for placement away from home than do Completely Accepting mothers, who prefer to keep the child at home, even if they differ with their husbands on this issue. Non-Completely Accepting mothers feel that there has been considerable pressure to institutionalize their retarded children, and they feel threatened from all sources in attempting to resist this pressure. They also have relatively positive feelings toward institutions, foster homes and private schools.

Understanding of Mental Retardation Prior to Birth of Child. (Scales 245, 246 & 251)

One of the key differences between the two groups of mothers relates to the amount of rejection of the concept of mental retardation prior to the birth of the mother's own retarded child. The Non-Completely Accepting mother has a much higher feeling of rejection, and states that her first understanding of mental retardation as a young woman revolved around repulsion or stereotyped negative feelings. On the other hand, Completely Accepting mothers tend to remember descriptions of mentally retarded children or people more realistically, without any negative stereotyping and without any undue sentimentality. The Non-Completely Accepting mother makes moderate use of books or articles in getting information about the general field of mental retardation. She feels that she has read something or heard something on television, but does not usually recall the title or the content. The Completely Accepting mother, on the other hand, makes maximum use of available resources, does systematic reading of books and articles, attends lectures, even takes courses, and is able to identify books by name and author.

Religion. (Scale 252)

The Non-Completely Accepting mother of the severely mentally retarded child feels that religion has been of little help to her in meeting her problem. She may have talked with her minister, priest or rabbi about this, but her faith did not help her to face reality. The Completely Accepting mother is quite certain her religious feelings and activities have helped her in accepting her severely retarded child. No significant differences are found between the two groups of mothers of educable mentally retarded children in this area.

Title: A Study of the Concerns and Rewards of Rearing Mentally Retarded Children (USOE/175)

Investigator: Ernest P. Willenberg

Institution: State Department of Education, Sacramento, California

Starting Date: July 1957

Closing Date: December 1959

PROBLEM

The purpose of this study is to identify and measure the positive and negative aspects of child-rearing experiences of parents of mentally retarded children.

MAJOR OBJECTIVES

1. To gain insight into the impact of mental retardation in families;

2. To ascertain what parental attitudes expressed by parents of mentally retarded children are related to such factors as IQ level, sex, chronological age, birth order, number of siblings, etc., of the child, as well as such factors as socio-economic status, educational level, marital and residential stability of the parents; and

3. To apply the findings of the study in regard to concerns and rewards of rearing mentally retarded children to the guidance program and curriculum for mentally retarded children and to the individual and group counseling program for parents.

PROCEDURES AND DESIGN

The sample will include about 400 mentally retarded children divided into four subgroups--100 trainable children institutionalized, 100 trainable children living at home, 100 educable mentally retarded children attending public elementary schools, and 100 attending public secondary schools. The sample will be drawn from institutions and public school systems in southern California and will represent a wide range of social, economic, and cultural influences. The data will be gathered through direct interviews with the parents.

CHAPTER VI

CONCLUSIONS AND RECOMMENDATIONS

In examining the attitudinal patterns of child rearing by mothers of retarded children interviewed for this study, it is clear that the rearing practices indicated by these attitudes affected the daily behavior and learning readiness of the child. Behavior in the child is dependent on the maternal attitudes which reflect firm, fair and consistent relations to the child. Earlier studies as well as the findings in this study seem to concur in the significance of the relationship between the mother's total personality and character structure in child rearing. Specific details of child rearing to not seem to be as significant as these broad areas. The finding of this study indicate that most pertinent in an index of family acceptance or integration are those qualities in the parents themselves related to high self-esteem, low child-rearing anxiety, low sex anxiety, high husband-wife agreement on child-rearing techniques, low feelings of self-blame, and high affectional interchange between the child and both parents.

Since the mothers themselves indicated a need for long range counseling both in the areas directly related to the handling of the child as well as to the dealing with their own paternal feelings, such counseling seems to be indicated. Sibling tensions so often involved in families with retarded children indicate that family therapy may be more productive than the individual and group therapy which have been generally practiced heretofore.

More research is indicated in modifying faulty maternal attitudes relating to complete acceptance of the retarded child in such areas as disciplinary techniques, permissiveness for the child's behavior as a reflection of major drives, temperamental qualities in the mother related to such areas as warmth and level of self-esteem, and to a modification of immature restrictions and demands on the child by a more positive inculcation of more mature behavior.

It would seem that a major implication for school administrators and teachers is that the learning readiness of the retarded child is dependent on his self-concept as a reflection of worthy or faulty parental attitudes. In attempting to modify faulty attitudes it will be necessary to consider not only the conscious and unconscious determinants, but also each family's cultural values, interpersonal and social controls, as well as their structural characteristics. In the recommendations which follow it is hoped that an improvement in parent-school relations may be effected to increase even more the positive feelings which most parents have so far indicated in the school's offerings:

1. The Director of Special Education and/or the School Psychologist should be included to a greater degree than previously practiced in the preparation of the family for placement of the retarded child in the special training program.
2. The preparation of the parents prior to the placement of the child in the special program should be of such nature to include consideration of cultural differences and social class. More attention should be given to explaining the psychological report to families.
3. The curriculum of the secondary school program for the EMR child needs to be studied in light of the dissatisfaction expressed by the mothers in this study. Since the mother's desire for more practical training and work experience to create a smoother adjustment from the school world to the world of work are in accord with the stated objectives of the special

class program for the educable mentally retarded, such requests seem justified.

4. Programs of parent counseling should be broadened to include more specific areas related to child-rearing techniques.

5. Programs of parent counseling should be expanded to permit feelings to be explored concerning the parents themselves. To this extent the siblings should also be included--possibly in a program of family counseling with all members of the family, including the retarded child, participating.

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APPENDIX A

FACE SHEET TO INTERVIEW SCHEDULE

Level____________________ Date of Interview__________

School District____________ Interviewer____________

1. Name of Child______________________________ 2. Sex of Child__________

3. Name of Father (or Stepfather)________________ 4. Father living__________

5. Name of Mother______________________________ Natural mother__________

6. Present Address____
(number - street - city or county - zone)

7. Telephone______________ 8. Birth Date of Child______________________

9. Birth Place of Child______________________________________

10. Pre-school Health______________________ 11. Present Health______________

12. Special Class at______________________ 13. Special Class Level__________
(name of school)

a. Age when child entered kindergarten______________________________

b. Regular school grades attended__________________________________

c. Age when placed in special class________________________________

d. Previous special classes attended________________________________

e. Previous placement in private school or state hospital______________

Interview time:

Mother arrived at__________________________ Face Sheet________to____

Tape time______________to______________ Part Time________to____

Interruptions____

14. Marital Status of Biological Parents

a. Living together________________ c. Child living with father____________

b. Child living with mother__________ d. How many years married____________

15. Birth Place of Husband________________________ 16. Age________________

17. Husband's Occupation____
(as specific as possible - including industry)

18. Does Husband Own Business?___________ a. What is its approximate value__________

19. Income_______________ 20. Husband's Education______________________

21. Husband's Ethnic descent__________________ 22. Where husband reared__________

23. Husband's residence in California___________ 24. Previous marriages__________

25. Name of Organizations Husband belongs to____________________________

a. Frequency of attendance____

26. Birth Place of Wife______________________ 27. Age__________________

28. Employment of Mother - Works _________________ Does not work__________

29. Wife's Ethnic descent____________________ 30. Where wife reared__________

31. Wife's residence in California_____________ 32. Previous marriages__________

33. Wife's Education____

34. Name of Organizations Wife belongs to_______________________________

a. Frequency of attendance____

35. Number of children in family____________________________________
(excluding children who died before age of one)

36. Ordinal position of the mentally retarded child______________________

37. Names and Ages of Sisters______________________________________

38. Names and Ages of Brothers_____________________________________

39. Others living in present household_________________________________

40. Housing - a. Owns home________ b. Rents house__________ c. Rents apt.__________

41. Number of rooms in house or apartment______ 42. Approximate value______________
(home owner)

43. How often moved in last ten years?__________________________________

44. Characteristics of home

a. Indoor fireplace__________

b. Deep freeze__________

c. Automatic dryer__________

d. Automatic washer__________

e. Dish washer__________

f. Patio or Barbecue__________

g. Swimming pool__________

h. Hi fi Set__________

45. Number of cars in family__________ a. Make and year of each__________

46. Number of TV sets in Home__________ a. What size screen__________

47. How many adult books in home?__________

48. How many children's books in home?__________

49. What newspapers received regularly?__________

____

50. What magazines received regularly?__________

____

51. Who owns library cards in family?__________

52. How often do you attend church services?__________

53. What is your religious preference or affiliation?__________
(denomination)

54. How about religious practices within your home?__________

55. Physical Handicaps of Child__________
(speech, vision, hearing, coordination)

56. Child separated from mother?__________
(in terms of child's age)

57. Child separated from father?__________
(in terms of child's age)

APPENDIX B

INTERVIEW SCHEDULE

I. INTRODUCTORY QUESTIONS

1. (a) During the year before C* was born how were things going?

(b) Was there anything unusual or upsetting happening during this time? (Probe for emotional disturbance)

2. (a) I wonder if you would think back to the time you were pregnant with C? Does anything stand out in your mind as being of major importance or concern during your pregnancy?

(b) Did you have any illnesses, operations, or accidents during this time?

3. What kind of delivery did you have when C was born?

(Probe for prematurity)

If any response to #1 - 3 indicates medical diagnosis, move directly to #9 - Medical Diagnosis.

4. Were there any problems for you or for the baby while you were in the hospital?

If any response to #5 - 8 indicates medical diagnosis, move directly to #9 - Medical Diagnosis.

5. (a) Was there anything in C's development when he was little that made you think he had a problem?

(b) What occurred at that time? How was his health? (If problem is mentioned, probe for extent to which parent relates problem to retardation)

6. (a) Do you think that C was slower than most children in sitting, crawling, or walking?

(b) How old was C when he walked without help?

7. (a) Did you think C was slower than most children in talking?

8. (a) Did you go to see anyone about the difficulties that C was having? (If answer to #8a does not indicate that mother saw a doctor, ask #8b)

(b) Did you discuss it with a physician or other doctor?

---

*Substitute name of child for "C".

If response to #5 - 8 indicates that there was no medical diagnosis, move to #23 - Early Management.

II. MEDICAL DIAGNOSIS AND SERVICES

9. What did the doctor tell you?

10. What did he say was the cause of C's difficulties?

11. (a) Did you have any reason to doubt what he told you?

    (b) If (a) was yes, what did you think was the cause?

12. What did you think of the way he told you about it?

13. Did you get all the information you wanted?

14. Did he say anything about life expectancy?

15. What help did you get from this doctor?

16. (a) How did your husband react to the diagnosis?

    (b) Was your husband present when you were told? (If no - probe for her problem in telling husband)

17. (a) Did you see any other doctor, or go to a hospital, clinic or other agency?

    (b) (If yes) Why?

    (c) (If yes) What service or help did they give you?

18. (In relation to the doctor who gave her the final or acceptable diagnosis)

    What did he do or say that gave you confidence in him?

19. (a) Mrs. A[*], you told me that the doctor said that C was ______ or had__________(diagnostic category given). Would you tell me what this means to you?

    (b) What did you think this meant in terms of how C would develop?

---

[*] Substitute last name of mother for "A".

(Probe for understanding of retardation, of rate of growth, potentialities, limitations, special problems, or clear statement that it is not possible to say at this time)

21. (a) In your opinion, what problems do you have which are not met by any existing services?

(b) What kind of help did you need most urgently at the present time?

22. (a) Do you feel that the doctors and other professional people you have seen are prepared to help you?

(b) If not, what do you feel they should know in order to be able to do a better job?

If question #5, 6, or 7 were omitted on Page 1, ask now:)

5. Can you tell me something about his development when he was little?

6. (a) Do you think that C was slower than most children in sitting, crawling, walking?

7. (a) How old was C when he started to talk by saying more than mama and dada?

(b) Did you think that C was slower than most children in talking?

III. EARLY MANAGEMENT AND TRAINING

We are very much interested in find out different methods that mothers have used in bringing up their children - for example ---

23. (a) Would you tell me something about how the feeding went when he was a baby?

(b) How did you handle C's feeding difficulties?

(c) How long did it take to get him to give up the bottle completely?

24. (a) Now, we are also trying to learn something about the way parents went about training their children when they were quite young. Frist, we would like to consider bowel training. Did you have a problem?

(b) How did you go about training C?

(c) (Omit for secondary) In what way does he still need help?

25. (a) Has there been a problem of bed-wetting?

(b) If yes, how do you handle the situation when you find his bed wet? (Or, how did you, the time it happened?)

26. (a) (For pre-school only) Now we want to talk about sex and modesty training. How do you feel about allowing C to run about without his clothes on?

(b) (If opposed to it) What have you done to teach C about this?

27. (a) (For school age children) When C was a small child, how did you feel about letting him run about without his clothes on?

(b) (if opposed) What have you done to teach C about this?

28. (a) What have you done (did you do) about it when you (have) noticed him playing with himself?

(b) How important do you feel it is to prevent this in a child?

29. (a) (For school age children) How much has C come to you of his own accord and asked you about sex matters? (Where babies come from; differences between boys and girls.) What have you told him?

(b) Adolescence is often a difficult time as far as sex matters are concerned. How much have you thought about this in connection with C?

IV SCHOOL

Now we would like some information about C's schooling --

Ask #30 only for children who had not attended regular school prior to special class placement.

30. (a) Did you have trouble finding a school for C?

(b) How did you hear about the special class program?

(c) Was there any problem getting him into school?

31. At the time he entered school, did you feel he was ready? (Probe for readiness in terms of taking turns, sharing toys, following directions, not hitting, clear speech, etc.)

Ask question #32 through #52 for children who entered a regular school program previous to special class placement.

32. (a) How did he get along in Kindergarten?

(b) How did he get along in first grade?

(c) How did he get along in second grade? (Probe for problems in learning or social adjustment. Continue until special class.)

33. (a) Were you called in to discuss his problems?

(b) Whom did you see?

(c) What were you told?

34. Who recommended that he be placed in a special class? (Probe as to whether a school psychologist was seen)

35. Why did he recommend that C be placed in the special class?

36. What did he say was the cause of C's difficulties?

37. (a) Did you have any reason to doubt what he told you?

(b) (if yes) What did you think caused C's difficulties?

38. What did you think of the way you were told?

39. Were you told as much as you wanted to know?

40. Did you want more information about the test results?

41. What kind of help did you get from him?

42. What did he say the school would do for C in the Special Class?

43. Were there other school people that you saw about the change to the special class?

44. How old was C at the time he first attended the special class?

45. (a) How did your husband feel about the change?

(b) Was your husband present at any of the conferences? (If no - probe for problem in telling husband)

46. (a) Did you see anyone else about C's difficulties?

(b) (If yes) Why?

47. What service or help did they give you?

48 (a) Mrs. A, you told me that the ______________(psychologist or other) said that C.was (diagnostic category given). Would you tell me what this means to you?

(b) What did you think this means in terms of how C would develop? (Probe for understanding of retardation, of rate of growth, potentialities, limitations, special problem, or clear statement that it is not possible to say at this time)

50. (a) Has C been given any tutoring, speech therapy, or psychological help?

(b) (if yes) How helpful were they?

51. (a) In your opinion, what kinds of problems are you having which are not met by any existing services?

(b) What kind of help do you need most urgently at the present time?

52. (a) Do you feel that the professional people you have seen are prepared to help you?

(b) What do you feel they should know in order to be able to do a better job?

Now we'd like to talk about C's present schooling --

53. What progress or changes have you seen in C since he has been in the special training program?

54. How do you feel C is doing in his school work?

55. Do you think that C should try harder at school?

56. How have you tried helping C with school work?

57. How does C act when it is time to leave for school?

58. How does C get along with his teachers?

59. How does C get along with the other boys and girls in the class?

60. Tell me something about the other boys and girls in the class? (If parent is critical of other children in class, probe for feelings regarding minority groups, lower standards of behavior and language, reaction to deviant physical characteristics)

61. How do you feel C compares in ability with other boys and girls in the class?

62. Do you feel that your child is in the correct school placement?

63. Do you think the school has the kind of equipment and supplies that permit the best possible school program?

(EMR Only)
64. What activities do the boys and girls in the special training classes share with the boys and girls in the regular classes?

65. (EMR Only)
(a) Some people feel that there should be as much contact as possible between the boys and girls in the special training classes and those in the regular classes. Others feel that this is not necessary. How do you feel?
(Omit probes for elementary)

65. (b) To what extent does C participate in school clubs?

(c) Does C take part in school athletics?

(d) Do the boys and girls in the special class go to school dances?

(e) Does C like to go?

(f) Are there any other school activities that he participates in?

Now we'd like to take up teacher conferences.

66. (a) Do you usually just drop in or are you called in at regular intervals?

(b) What is usually discussed?

(c) Have you found these conferences helpful?

67. Are you satisfied with the report card your child gets?
(Probe for concern about child having a different report card)

68. (a) What contact have you had with the school nurse?

(b) School Doctor?

(c) Principal?

(d) Counselor?

(e) Others of the school staff?

(f) Have you had any group conferences?

(g) How many contacts do you have during the year with C's teachers and other school people?
(Probe for accessibility)

69. (a) Do the teachers make home visits?

(b) How often have you been visited?

(c) Do you think this is helpful?

70. (a) What subjects are most important for your child to learn in school?

(b) Where should the emphasis be put?
(Probe for broad or narrow view of curriculum (non-academic VS. academic).

72. What changes could be made in the school program so that your child could get more out of it?

73. Is there any problem concerning the transportation to school?

V. SPECIAL CLASS PARENT GROUPS

74. (a) Some people think it is helpful to discuss their problems with a group of parents; others think each family has to work out things for itself. How do you feel about it?

(b) Does your school have group meetings for the parents of the children in the special class?

(c) How often do they meet?

Ask questions #75 through #85 only if school has a parent group.

75. In what ways have you benefited by attending parent group meetings?

76. Are they emphasizing the things you consider most important?

77. What changes could be made in parent groups to make them more helpful?

78. Do you help select the program and the speakers?

79. (a) How active are you?

(b) How often do you go to meetings?

(c) (If does not attend) Why not?

(d) Are you on a committee?

80. What committees do you have in your group?

81. How much general discussion?

82. What are some of the other activities?

83. Who is in charge of the meetings?

84. Do you feel under pressure to attend?

85. What information did you receive from parent groups about placement?

VI. PRESENT FUNCTIONING

86. (a) In what way is C like other children?

(b) In what way is he different from other children?

(SMR only)

88. Have you had any problems with dental care for him?

89. Does C have any habits like nailbiting or any other nervous mannerisims?

90. Some people believe in regular checkups with a doctor, others go when the child needs it.
How do you handle this is your family?

91. Do (did) you find that the attention needed by C has been a strain on your family finances?

(Not for pre-school)

92. (a) To what extent is C able to handle money?

(b) What is he able to purchase on his own?

93. (a) What are some of C's interests when he is at home?

(b) Does he find it hard to keep himself busy?

(c) Do you have to help him find things to do?

(d) Do you ever have a problem with C because of radio or T.V.?

(e) What does he like to do out of doors?

94. (a) How long will C stay with one activity?

(b) How active a child is he?

95. (a) To what extent do you expect C to help at home? (Probe for assigned or expected chores)

(b) Does he take care of his own room and his own things?

96. How does C contribute to the general routine of running the home?

(Not for Pre-school)

97. To what extent can he use public transportation?

98. Do you think that C is doing as well as can be expected from a child with his difficulties?

VII. PRESENT MANAGEMENT AND TRAINING

99. (a) I'm wondering if you could tell me more about how you and C get along together. What sort of things do you enjoy with C.

(b) Do you show your affection toward each other quite a bit, or are you fairly reserved people, you and C?

100. Does he (did he) like you to read stories to him?

101. In what ways do you get on each other's nerves?

102. (a) Have you had any problems about C eating enough, or eating the kinds of food he needs?

(b) (If yes) What do you do about it?

103. What problems does C have with regard to table manners?

Now, we want to change the subject to the question of being neat and orderly and keeping things clean.

104. What problem does C have as far as neatness and cleanliness are concerned?

106. (a) Some parents expect their children to obey immediately when they tell them to be quiet or pick something up. Others don't think it is terribly important for a child to obey right away. How do you feel about this?

(b) How much of a problem is this with C?

(c) What do you think of changing your tactics in order to get C to do what you ask?

107. How does your husband feel about strict discipline?

108. (a) Sometimes a boy (or a girl) will get angry at his parents and shout angry things at them. How much of this sort of thing do you think parents ought to allow?

(b) How much of a problem have you had with C about shows of temper and angry shouting and that sort of thing around the house?

(c) How do you handle it when C acts like this?

109. (a) We'd like to get some idea of how C behaves when he has deliberately done something he knows you don't want him to do; how does he act?

(b) Does he ever come and tell you about it without your having to ask him?

(c) When you ask him about something he has done that he knows he isn't supposed to do, does he usually admit it or deny it?

(d) What do you do about it if he denies something you are pretty sure he has done?

110. (a) How often do (did) you spank C?

(b) How about your husband? How often does (did) he spank him?

(c) (Not for secondary) For instance, how often has C been spanked in the last two weeks?

(d) How much good do you think it does (did) to spank C?

111. Has there ever been a problem getting C to be cautious about things like fire, handling sharp instruments, and talking to strangers?

112. How easily can he be tempted to do something he should not do when he is with other children? (Probe for degree of concern)

113. (a) Do you keep track of exactly where C is and what he is doing most of the time, or can you let him watch out for himself quite a bit?

(b) (Upper elementary and secondary) When C goes out do you expect him to tell you where he is going and when he will return?

(c) How often do you check?

(d) How far away is he allowed to go by himself?

(e) (Not for secondary) How about crossing streets?

114. (a) How much attention does C seem to want from you? How dependent is he?

(b) (Not for secondary) How about following you around and hanging to your skirts?

(c) How do you (did you) feel about it when he hangs (hung) on to you and follows (followed) you around?

(d) How do you generally react, if he demands attention when you're busy?

(e) How about if C asks you to help him with something you think he could probably do by himself?

(f) Do you believe that C demands more help than he needs?

115. (Not for secondary) How does C react generally when you go out of the house and leave him with someone else?

VIII. FAMILY INTERACTION

116. (Not for secondary) Have C's problems prevented you and your husband from going out together?

117. (a) Does (did) C's difficulties make any difference in your having people come to your home?

(b) How about your visiting and socializing with them?

118. (a) Now we'd like to talk for a while about C and his father. Will you tell me something about the way they act toward each other.

(b) What are some of the interests they share?

(c) (Not for secondary) Does C show affection toward him quite often (hugging and kissing him and that sort of thing) or is he fairly reserved with him?

119. (a) Do you and your husband agree about the best way to handle C?

(b) Does he ever think you are too strict or not strict enough?

(c) Does he ever do anything in disciplining C that you'd rather he did'nt do?

(d) What sort of things do you find hardest to understand about your husband? To what extent do you have differences of opinion?

(e) Do you think C behaves better with you or with his father?

(f) (If yes) How do you account for that?

120. Do you feel that C's difficulties have had an effect on your marriage?

Now, we would like a little more information about you personally.

121. (For EMR only) Do you feel that C's (school) difficulties have had an effect on you?

122. (a) Now looking back to your own childhood—how would you compare the way your mother raised you with raising a child with C's difficulties? (Probe for mother's attitude toward her own mother)

(b) (If different) How do you feel about these differences? (Probe to see if mother sees herself more or less competent--compared to her own mother--in child-rearing procedures)

123. (a) How different is bringing up a child with C's difficulties from raising the average child?

(b) Have you ever felt at a loss in knowing how to handle some of C's problems? (Probe for degree of child-rearing anxiety)

IX. SIBLINGS - GRANDPARENTS - RELATIVES

124. (a) Would you tell me something about how C and his brothers and/or sisters get along together?

(b) What are some of the things that they do together?

125. How much time do they spend together?

126. (a) How do you handle it when the children quarrel? Give me an example.

(b) How many times a day do you have to step in to settle the situation?

127. (SMR only) Some people feel that brothers and sisters should always include the retarded child in their activities. How do you feel about this?

128. (For EMR only) How have you handled explaining C's ("school") difficulties to the other children?

129. How do they explain his difficulties to their friends?

130. (a) Some people think that raising a retarded child (or raising a child with the same sort of difficulties that C has) may create problems for the other children in the family—either now or later. What has been your experience?

(b) Do you feel there has been extra pressure on them?

(c) How have the other children been affected by C's difficulties?

(d) Has the care needed by C made the other children feel neglected?

131. What does the family do together as a group that has been helpful to C's growth and development? (probe for trips to beaches, parks, restaurants.)

132. In some families the grandparents have been helpful; in others they have been quite critical. What has been your experience?

133. In some families relatives, in general, have been helpful; in others they have been somewhat critical. What has been your experience?

X. NEIGHBORHOOD ATTITUDES

134. (a) Now we'd like to take up neighborhood situations. In some neighborhoods people get to know each other well, in others they never get too close. What is it like where you live?

(b) How long have you lived there?

(c) Do people move in and out a great deal?

(d) Are most of your neighbors younger or older people?

135. (a) In your opinion, what is the attitude of the neighbors and their children toward C?

(b) How do they treat him?

136. (a) Can you talk about C's difficulties with neighbors and friends?

(b) What explanation have you given your friends, relatives and neighbors?

(c) What questions do they ask?

137. (Where good relationships are described.) Can you say what it was that contributed to their attitude, that is, what helped to make them more understanding? (Probe for behavior and attitudes related to acceptance).

138. Was there anything you recall that caused misunderstanding with your neighbors or friends?

139. (a) Has there been trouble in the neighborhood that involved C?

(b) What happened?

(c) Who caused the trouble?

140. Are you concerned with C's getting into trouble?

141. (a) In general, how does C get along with the boys and girls in the neighborhood?

(b) With what age child (boys or girls) does he spend most of the time?

(c) Does he like to be alone or with others?

(d) Does he have trouble finding friends?

(e) What does he do when he is with his friends?

142. (a) What do you do when C is with someone in the neighborhood and there is a quarrel or a fight? How do you handle this?

(b) Do you encourage him to fight back?

XI. RECREATION - SOCIAL ACTIVITIES

143. (a) Have you been able to find outside activities for C, such as playground or park programs that are open to all?

(b) How about those specially planned for boys and girls with similar difficulties?

144. (a) Does C belong to any community clubs like the YMCA, YWCA, scouts, Little League, etc?

(b) What club activities does he take part in?

145. (a) (Secondary EMR only) Is C interested in dating?

(b) Does he dance?

XII. FUTURE

146. (a) Let's talk about C's future. Do you think that things will be easier or harder as C gets older?

(b) Why? (Probe for anticipated problems)

147. What specific services would you like to have established in the future here in the community?

148. (a) What are some of the future plans considered or already made?

(b) What problems do you have in making future plans? (Probe for extent of realistic planning, or inability to plan ahead)

149. Have you found any information to help you plan C's future? (Probe for parental seeking of assistance in planning)

Ask questions 151-154 only of EMR Secondary parents.

151. What is the school doing to help C prepare for a job?

152. (a) What kind of electives can C take?

(b) Do they have cooking and sewing? (for girls)

(c) Do they have woodshop and metal shop? (for boys)

(d) What do you think of these shop classes?

153. (a) Does C have a job in school such as office helper, cafeteria helper, library helper?

(b) (If yes) Is this a part of a regular school work experience program?

(c) Does he have an off-campus job as part of his school program?

154. (a) Has C ever had a part time job not connected with school?

(b) What did he do?

(c) Where did he learn how to carry out his work responsibilities?

(Omit questions 155 - 158 for pre-school)

155. (a) What kind of a job do you think C can get?

(b) Do you believe that C will be able to manage the money he earns?

156. Do you think he will be self-supporting?

157. Do you believe that C will be capable of engaging in social relationships as an adult?

158. (a) How about marriage?

(b) (If yes) (boys only) Do you think he can support a family?

(c) (If yes) (girls only) Do you think she can take care of a family?

159. (a) (boys only) Do you expect C to go into the army?

(b) How do you think he will get along? (Probe for concern about C's army adjustment - that he may get into trouble due to lack of understanding, being easily led, etc.)

(If responses to questions 151 - 159 do not indicate expectation that C will get a job, ask 160)

160. (a) How long do you expect C to stay at home?

(b) How will he spend his time?

(c) Who is going to give C supervision if he is not capable of self-supervision?

161. Do you know what the boys and girls do in a sheltered workshop? (Probe for parents' definition and misconceptions involving salary, production, etc.)

162. What contact have you had with them?

XIII. PLACEMENT AWAY FROM HOME

The question of whether a child should be cared for at home or away from home has raised many serious problems for parents.

163. Has there ever been any consideration of placement in your family?

(If no, omit questions 164 - 173.)

164. Who recommended placement for C?

165. When?

166. Were both parents told?

167. How did you feel about it?

168. (a) How did your husband feel about it?

(b) How did other members of the family feel?

(c) How did you feel about the advise given?

169. Have you ever felt you were pressured into making a decision? (Probe for degree of anxiety and conflict involved in decision)

170. In making a decision about placing a child away from home, what factors do you think should be considered?

171. (a) In general, what do you think about institutions. Foster homes, private schools?

(b) What do you think they can or cannot do for a child?

172. (a) Have you visited any of these? Which ones?

(b) What was your impression?

173. Have any of your ideas about institutionalization changed during the course of the years?

174. (a) Had you ever known any other children with the same (school) problem as C?

(b) What impression did you have of them?

(c) At that time, how did you think of the way they were treated?

(d) How much information did you have about such children before C was born?

175. Some people feel that what happened to the child is their fault. Have you ever felt this way?

176. How did your husband feel about this?

177. (a) How did you feel about having more children after you found out that C had these difficulties?

(b) Did you try to get advice about this?

(c) From whom?

178. (a) Is there anything in C's development that has suggested that he might grow out of some of his present difficulties?

(b) Do you believe that C will ever be like other children? (For SMR Only)

179. Have you found any books or articles helpful in giving suggestions?

180. (a) Have you ever discussed C with your minister (priest or rabbi)?

(b) How has religion helped you to understand your child's difficulties?

181. (a) How do you think most people feel about children with problems like C?

(b) What do you think can be done to increase understanding?

APPENDIX C

TITLES OF SCALES AND TABLES

Scale Number*	
1	Emotional stress of mother prior to child's birth
2	Concern about difficulties during pregnancy
4	Concern about delivery difficulties
6	Awareness of C's deviations prior to M.R. diagnosis
7	Concern over C's progress in walking
9	Concern over C's progress in talking
11	Help-seeking resulting from C's developmental deviation
13	Acceptance of medical diagnosis by M
15	Satisfaction with approach used by initial diagnostician
16	Concern about C's life expectancy by parents
18	Acceptance of medical diagnosis by F
19	Concern in telling F about the medical diagnosis
25	Realistic appraisal of C's limitations (diagnostic period)
27	Extent to which M has need for additional miscellaneous services
29	Evaluation of competency of doctors and professionals
30	Degree to which infant feeding was a problem
31	Amount of pressure in handling baby's feeding problem
33	Extent of problem in bowel training
34	Amount of pressure in toilet training (bowel training)
35	Extent to which C still needs help with toilet habits
36	Extent of problem with bed-wetting (present)
37	Amount of pressure to stop bed-wetting
38	Permissiveness for going without clothes
39	Amount of pressure applied for modesty
40	Permissiveness for masturbation by M
41	Amount of pressure applied against masturbation by M
42	Degree of C's sex curiosity
43	Feelings about C's later sex problems
46	M's sex anxiety - SUMMARY SCALE
47	Degree to which finding a school was a problem
48	C's readiness to attend school
53	Acceptance of need for special class placement
54	Parental satisfaction with school's approach in placement period
55	Parental satisfaction with psychological report
59	Acceptance of need for special class placement by F
60	Concern in telling father about need for special class placement
65	Appraisal of C's potentialities (special class placement period)
68	Extent to which M has need for additional services
70	Evaluation of professionals related to C's school problems
71	Satisfaction with C's school progress
72	Amount of pressure for school achievement
73	Extent to which C is helped at home with school work

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*Note: All scales refer to mother's feelings except where both parents are indicated.
Abbreviations: M=mother; C=child; F=father.
All scale responses are scored on 1 to 5 basis.

Scale Number	
74	C's resistance to attending special class
75	C's difficulties with teachers
76	C's difficulties with classmates
77	Degree to which M is critical of other children in special class
78	How M ranks C in comparison with others in class
79	Degree to which school placement is a problem
80	Degree to which adequacy of school supplies and equipment is a problem
81	Amount of activity shared by special and regular classes
82	Need for integration of special and regular classes
84	Extent to which M has had conferences with teacher
86	Satisfaction with parent-teacher conferences
87	Satisfaction with type of school's report cards
89	Report on accessibility of school personnel
90	Number of home visits by teacher
91	Helpfulness of home visits by teacher
92	Number of class visits by M
93	Extent M is critical of activities observed while visiting C's class
94	Extent of home-school contacts
95	Emphasis placed on academic subject for C to learn
97	Extent to which M thinks special class program should be changed
98	Extent of problem regarding C's transportation to school
99	Degree to which M believes it is helpful to discuss problems with others
101	Extent to which parents' group emphasizes beneficial programs
102	Extent of need for changes in parents' group
104	Degree to which M is involved in parents' group
105	Frequency of M's attendance at parents' group meeting
107	Extent of general discussion of parents' group
109	Leadership of parents' group by parents
110	Degree M feels under pressure to attend parents' group meetings
111	Degree M has received information about placement from parents' group meetings
112	Acceptance and/or awareness of mental retardation
113	Degree M has had difficulties getting dental care for C
115	Extent of nervous mannerisms manifested by C
116	Regularity of medical checkups (present or past)
117	Degree to which care of C has been strain on family finances
118	C's ability to handle money and make purchases
120	C's ability to keep self-occupied
121	Degree of problem as to C's watching too much T.V.
122	Degree of C's activity
123	Extent of M's expectation for C to help at home
124	Extent C is able to take care of own room and own things
125	Degree C contributes to general routine of running house
126	Extent to which C can use public transportation
127	Satisfaction with C's present functioning
128	Amount of enjoyable interaction or affectional demonstrativeness between M and C
129	Extent to which M reads stories to C
130	Extent to which M and C get on each other's nerves
131	Severity of present eating problems
132	Amount of pressure in handling C's feeding problem
133	Degree to which table manners are a problem

Scale Number	
134	Degree C has a problem concerning neatness and cleanliness
135	M's expectations for obedience
136	Extent of problem M has with obedience
137	Flexibility of M in modifying her behavior to meet C's needs
138	F's expectations for obedience
139	Relative level of F's and M's obedience demands
140	Permissiveness for aggression toward parents
141	Amount of aggression within home which C exhibits
142	Severity of punishment meted out to C for aggression against parents
143	Frequency of C's willingness to admit deviations in behavior
144	Extent of C's willingness to admit deviations in behavior when challenged
145	Severity of punishment to C for denying he is guilty of deviation
146	Extent of super-ego in C
147	Frequency with which M spanks C
148	Frequency with which F spanks C
149	Benefit spanking has on C
150	Extent to which caution of fire and sharp instruments has been a problem
151	Concern about C's talking to strangers
152	Concern over C's suggestibility (tempted to do something wrong)
153	Degree with which M keeps track of C
154	Extent M expects C to tell her where he is going and when he will return
155	Restrictions of how far C is allowed from home
156	Amount of supervision C needs
157	Amount of dependency exhibited by C at present
158	Extent to which C wants to be near M
159	M's response to dependency
160	Permissiveness toward dependency
161	C's objections to separation from M
162	Effect of C's difficulties on M's socialization
163	Curtailment of parental social activities
164	Positive F-C interaction
165	Affectional bonds between F and C
166	M-F agreement about child-rearing techniques
167	Extent to which F thinks M too strict in disciplining
168	Degree to which M disapproves of F's mode of disciplining
169	Degree of husband-wife understanding
172	Positive effect of rearing M.R. C on marriage
173	Positive effect of rearing M.R. C on M
174	Degree to which M patterns herself after her own M
175	Evaluation of M's competence in child-rearing as compared with her own mother
176	Degree M feels rearing a M.R. C different from normal C
177	Degree of M's child-rearing anxiety
178	Degree of M's self-esteem
179	Intensity of contact between C and siblings
180	Amount of contact between C and siblings
181	Permissiveness for aggression among siblings
182	Amount of quarreling among siblings
183	Pressure M exerts on normal siblings to share activities of M.R. C
184	Adequacy of M's explanation to other siblings leading to understanding of M.R. C

Scale Number	
185	Difficulty siblings have explaining C's condition to their friends
186	Expectation of problems for siblings because of M.R. C
187	Degree M.R. C has caused problems for siblings
189	Degree siblings have felt neglected because of M.R. C
190	Degree to which family activities have helped M.R. C's growth and development
191	Helpfulness and understanding by grandparents
192	Helpfulness and understanding by relatives
193	Social contacts of parent with neighbors
196	Extent to which neighbors are older people
197	Degree to which acceptance of C by neighbors is a problem
198	M's responsibility to structure positive interactions in neighborhood
202	C's involvement in neighborhood difficulties
204	Concern about C's getting into trouble
205	C's difficulty socializing with boys and girls in neighborhood
207	Degree of C's sociability
208	Extent to which C has difficulty finding friends
209	Parents' permissiveness for aggression with other children
210	Parents' demands for C to be aggressive toward other children
211	Extent M is able to find outside activities for C (open to all)
212	Extent M is able to find outside activities for C (M.R. only)
213	C's participation in community groups (YWCA, YMCA, Scouts, etc.)
214	C's interest in social activities including dating and dancing
215	Degree of anticipation that future will be harder
218	Degree of realistic planning for C's future
219	Parental satisfaction with school's job preparation as help to C
220	Helpfulness of elective classes for C
221	C's participation in on-campus work-experience program
223	C's participation in part-time work
225	Degree of anticipation that C will be self-supporting in some type of semi-skilled work
226	Degree of anticipation of C's capability to engage in adult social relations
227	Degree of anticipation of C's capability of marriage and family support
228	Degree of expectation that C will go into army
229	Degree of expectation that boy will adjust favorably in army
231	Concern over what C will do with time when he stays at home
233	Information about sheltered workshops
234	Contact with sheltered workshops
235	Degree to which placement has been considered
238	Parental acceptance of recommendations on institutionalization
239	Degree of pressure applied to parents to institutionalize child
242	Positive parental attitudes toward institutions, foster homes, and private schools
243	Visiting of institutions, foster homes, and private schools
244	Amount of positive change in regard to ideas about institutionalization
245	Amount of acceptance of M.R. individuals prior to birth of C
246	Level of understanding of retardation prior to birth of M.R. C
247	Extent to which self-blame is a problem to M
248	Extent to which self-blame is a problem to F
249	Parental concern about having more children

Scale Number	
250	Expectation regarding C's growing out of present difficulties
251	Extent of using books or articles to get information about M.R.
252	Extent to which religion has helped M
253	Acceptance by others regarding problem of M.R.
255	Acceptance of C by M
267	Helpfulness of remedial reading for C
268	Helpfulness of speech therapy for C
283	Extent of C's participation in school clubs
284	Extent of C's participation in school athletics
285	Extent of C's participation in school dances

Table Number*	
3	Problems of pregnancy
5	Problems of delivery
8	Age at which C walked
10	Age at which C talked
12	Etiological factors reported by M as cited by Dr.
14	Causes of M.R. as cited by M
17	Types of services received from initial diagnostician
20	Kinds of medical diagnosticians consulted
21	Number of medical diagnosticians consulted
22	Reasons for consulting other diagnosticians
23	Types of services received from Dr. subsequent to initial diagnosis
24	Positive characteristics attributed to most satisfactory diagnostician
28	Services needed for C now
32	Age at completion of weaning
50	School problems cited as reason for special class placement
51	Who recommended placement in special class
52	Causative factors reported by M as cited by school person recommending special class placement
56	Value of special class cited by school personnel to person
57	School personnel involved in special class placement
58	Age of C when placed in special class
61	Other professional persons consulted about C's school difficulties
62	Number of professional persons consulted about C's school difficulties
63	Reasons for consulting professional persons about C's school difficulties
64	Types of services received from professional persons subsequent to C's placement in special class
69	Services needed now to assist with C's school difficulties
85	School areas discussed by M and Teacher
88	School person seen most often by M
96	School areas in which M suggests changes

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*Note: All data refer to mother's statements as to a specific time, place, or cause of an event. Abbreviations: M=mother; C=child; F=father.

Table Number	
100	Frequency of parents' group meetings
103	Improvements suggested in parents' group
106	Types of committees in parents' group
108	Types of activities in parents' group
119a	C's indoor interests and activities during day (at home)
119b	C's outdoor interests and activities during day (at home)
170	Person with whom C behaves best
171	Reasons why C behaves better with F or M
188	Kinds of problems that have arisen among siblings because of M.R. of C
194	Length of family's present residence in years

APPENDIX D

TABLE OF INTER-RATER RELIABILITY COEFFICIENTS FOR 13 JUDGES

Interviewer	Case #	Judge	Judge	R_{kk}	Vs	Ve
3	389	7	4	.84	2.55	.42
7	262	6	7	.91	3.08	.29
5	232	4	11	.90	3.12	.31
4	82	4	7	.89	3.95	.45
2	291	12	11	.98	3.38	.06
5	43	11	4	.04	2.42	.38
3	108	12	7	.85	3.28	.50
2	351	11	5	.94	3.48	.22
5	310	4	5	.87	3.70	.47
7	191	7	13	.91	2.89	.26
10	74	4	5	.95	3.03	.14
2	352	11	13	.74	1.21	.32
3	170	3	6	.94	3.87	.26
4	315	4	7	.83	1.29	.22
3	381	13	4	.86	3.17	.50
7	127	7	4	.90	4.19	.40
3	73	13	11	.89	4.45	.45
4	209	4	7	.75	3.35	.84
3	251	7	4	.85	2.34	.34
2	161	4	12	.90	3.45	.34
11	130	13	4	.97	3.29	.11
5	189	5	4	.86	2.65	.38
2	280	12	4	.90	2.99	.29
2	220	7	4	.93	2.38	.19
5	150	11	7	.86	3.45	.49
2	358	11	4	.84	3.00	.48
3	36	3	2	.88	3.78	.44
2	66	11	12	.87	3.51	.46
8	20	2	4	.82	4.01	.73
3	192	12	11	.94	4.59	.27

Determination of Mean Inter-Rater Reliability

	Mean	Degrees of Freedom	Standard Deviation
Scales	381.98	132	2.89
Raters	-19.13	1	--
Error	33.94	132	0.26

$$R_{kk} = \frac{Vs-Ve}{Vs} = \frac{2.89 - .26}{2.89} = .91$$

APPENDIX E

STATISTICAL ANALYSIS OF ATTITUDES OF MOTHERS OF EDUCABLE MENTALLY RETARDED CHILDREN BY ACCEPTANCE OF CHILD ON SELECTED VARIABLES

Scale Number	Title of Scale	Number of CA* Mothers	Number of NCA* Mothers	Significance		
				P	Direction	
46	M's sex anxiety	105	88	.05	NCA	Greater
53	Acceptance of need for special class placement	103	89	.03	NCA	Lesser
54	Parental satisfaction with school's approach in placement period	103	87	.09	NCA	Lesser
68	Extent to which M has need for additional services	88	76	.005	NCA	Greater
70	Evaluation of professionals related to C's school problems	84	74	.05	NCA	Lesser
71	Satisfaction with C's school progress	105	87	.025	NCA	Lesser
72	Amount of pressure for school achievement	104	86	.005	NCA	Greater
74	C's resistance to attending special class	104	87	.06	NCA	Greater
76	C's difficulties with classmates	103	86	.025	NCA	Greater
79	Degree to which school placement is a problem	103	87	.08	NCA	Greater
99	Degree to which M believes it is helpful to discuss problems with others	104	85	.01	NCA	Lesser
123	Extent of M's expectation for C to help at home	98	85	.005	CA	Greater

*Note: "CA" = Completely Accepting; "NCA" = Non-Completely Accepting.

Scale Number	Title of Scale	Number of CA* Mothers	Number of NCA* Mothers	Significance		
				P	Direction	
124	Extent C is able to take care of own room and own things	98	85	.003	CA	Greater
125	Degree C contributes to general routine of running house	101	83	.05	CA	Greater
126	Extent to which C can use public transportation	87	75	.05	CA	Lesser
127	Satisfaction with C's present functioning	101	86	.001	NCA	Lesser
128	Amount of enjoyable interaction or affectional demonstrativeness between M and C	105	89	.0005	CA	Greater
130	Extent to which M and C get on each other's nerves	104	88	.005	NCA	Greater
134	Degree C has a problem concerning neatness and cleanliness	107	89	.06	NCA	Greater
136	Extent of problem M has with obedience	105	89	.04	NCA	Greater
142	Severity of punishment meted out to C for aggression against parents	89	72	.05	NCA	Greater
143	Frequency of C's willingness to admit deviations in behavior	106	85	.025	CA	Greater
144	Extent of C's willingness to admit deviations in behavior when challenged	107	87	.05	NCA	Lesser
146	Extent of super-ego in C	107	85	.025	CA	Greater
148	Frequency with which F spanks C	98	85	.005	NCA	Greater
160	Permissiveness toward dependency	103	84	.04	CA	Greater

Scale Number	Title of Scale	Number of CA* Mothers	Number of NCA* Mothers	Significance		
				P	Direction	
162	Effect of C's difficulties on M's socialization	100	86	.06	NCA	Greater
165 -	Affectional bonds between F and C	104	85	.05	NCA	Lesser
166	M-F agreement about child-rearing techniques	104	86	.01	NCA	Lesser
167	Extent to which F thinks M too strict in disciplining	101	80	.10	CA	Lesser
168	Degree to which M disapproves of F's mode of disciplining	104	85	.001	NCA	Greater
173	Positive effect of rearing M.R. C on M	105	89	.025	NCA	Greater
176	Degree M feels rearing a M.R. C different from normal C	99	79	.08	CA	Lesser
177	Degree of M's child-rearing anxiety	103	83	.0005	NCA	Greater
178	Degree of M's self-esteem	104	88	.005	NCA	Lesser
179	Intensity of contact between C and siblings	100	78	.025	NCA	Lesser
182	Amount of quarreling among siblings	99	76	.05	NCA	Greater
184	Adequacy of M's explanation to other siblings leading to understanding of M.R. C	91	66	.10	NCA	Lesser
191	Helpfulness and understanding by grandparents	74	65	.09	NCA	Lesser
193	Social contacts of parents with neighbors	104	86	.05	NCA	Lesser
197	Degree to which acceptance of C by neighbors is a problem	107	85	.05	NCA	Greater
198	M's responsibility to structure positive interactions in neighborhood	101	85	.005	NCA	Lesser

Scale Number	Title of Scale	Number of CA* Mothers	Number of NCA* Mothers	Significance	
				P	Direction
204	Concern about C's getting into trouble	103	85	.01	NCA Greater
208	Extent to which C has difficulty finding friends	103	86	.05	NCA Greater
211	Extent M is able to find outside activities for C (open to all)	95	76	.025	NCA Lesser
220	Helpfulness of elective classes for C	45	33	.08	NCA Lesser
221	C's participation in on-campus work-experience program	49	36	.09	NCA Lesser
227	Degree of anticipation of C's capability of marriage and family support	98	82	.09	NCA Lesser
229	Degree of expectation that boy will adjust favorably in army	40	32	.08	NCA Lesser
247	Extent to which self-blame is a problem to M	103	86	.025	NCA Greater

APPENDIX F

STATISTICAL ANALYSIS OF ATTITUDES OF MOTHERS OF SEVERELY MENTALLY RETARDED CHILDREN BY ACCEPTANCE OF CHILD ON SELECTED VARIABLES

Scale Number	Title of Scale	Number of CA* Mothers	Number of NCA* Mothers	Significance		
				P	Direction	
25	Realistic appraisal of C's limitations (diagnostic period)	99	86	.01	NCA	Lesser
38	Permissiveness for going without clothes	103	89	.10	CA	Greater
40	Permissiveness for masturbation	96	83	.07	CA	Greater
41	Amount of pressure applied against masturbation	90	68	.005	NCA	Greater
46	M's sex anxiety	94	76	.0005	NCA	Greater
86	Satisfaction with parent-teacher conferences	51	36	.05	NCA	Lesser
112	Acceptance and/or awareness of mental retardation	100	87	.06	CA	Greater
127	Satisfaction with C's present functioning	98	86	.025	NCA	Lesser
128	Amount of enjoyable interactions or affectional demonstrativeness between M and C	105	91	.05	CA	Greater
130	Extent to which M and C get on each other's nerves	104	91	.005	NCA	Greater
136	Extent of problem M has with obedience	101	89	.08	NCA	Greater
148	Frequency with which F spanks C	103	86	.025	NCA	Greater
149	Benefit spanking has on C	101	88	.025	NCA	Lesser

*Note: "CA" = Completely Accepting; "NCA" = Non-Completely Accepting.

Scale Number	Title of Scale	Number of CA* Mothers	Number of NCA* Mothers	Significance		
				P	Direction	
162	Effect of C's difficulties on M's socialization	102	90	.01	NCA	Greater
163	Curtailment of parental social activities	101	90	.0250	NCA	Greater
167	Extent to which F thinks M too strict in disciplining	100	86	.01	NCA	Lesser
172	Positive effect of rearing M.R. C on marriage	101	89	.025	NCA	Lesser
173	Positive effect of rearing M.R. C on M	104	91	.005	NCA	Lesser
176	Degree M feels rearing of M.R. C different from normal C	103	90	.05	CA	Lesser
177	Degree of M's child-rearing anxiety	101	90	.001	NCA	Greater
178	Degree of M's self-esteem	103	91	.01	NCA	Lesser
185	Difficulty siblings have explaining C's condition to their friends	67	61	.09	NCA	Greater
186	Expectation of problems for siblings because of M.R. C	86	82	.04	NCA	Greater
187	Degree M.R. C has caused problems for siblings	84	84	.005	NCA	Greater
189	Degree siblings have felt neglected because of M.R. C	78	79	.10	NCA	Greater
191	Helpfulness and understanding by grandparents	85	70	.05	NCA	Lesser
198	M's responsibility to structure positive interaction in neighborhood	101	93	.001	NCA	Greater
202	C's involvement in neighborhood difficulties	102	88	.05	NCA	Greater

Scale Number	Title of Scale	Number of CA* Mothers	Number of NCA* Mothers	Significance	
				P	Direction
204	Concern about C's getting into trouble	92	87	.01	NCA Greater
205	C's difficulty socializing with boys and girls in neighborhood	95	79	.05	NCA Greater
208	Extent to which C has difficulty finding friends	89	77	.001	NCA Greater
209	Parents' permissiveness for aggression with other children	77	59	.025	CA Greater
231	Concern over what C will do with time when he stays at home	69	56	.005	NCA Greater
235	Degree to which placement has been considered	105	93	.005	CA Lesser
238	Parental acceptance of recommendations on institutionalization	46	60	.01	CA Lesser
245	Amount of acceptance of M.R. individuals prior to birth of C	80	69	.005	NCA Lesser
251	Extent of using books or articles to get information about M.R.	105	91	.08	NCA Lesser
252	Extent to which religion has helped M	105	90	.005	CA Greater

APPENDIX G

AREAS OF PARENT-SCHOOL RELATIONS OF EDUCABLE MENTALLY RETARDED CHILDREN DEEMED MOST IMPORTANT BY SCHOOL ADMINISTRATORS AND PSYCHOLOGISTS

In a meeting with school administrators and school psychologists, representative of the Southern California area, agreement was reached on the following ten questions of the Interview Schedule (Appendix B) as being of most importance in assessing parents' feelings about the program for educable mentally retarded children:

Number	Question
33.	Were you called in to discuss his problems?
35.	Why did he recommend that C be placed in the special class?
38.	What did you think of the way you were told?
41.	What kind of help did you get from the person who told you about your child's school problems?
48.	What did you think the diagnosis of mental retardation meant in terms of how your child would develop?
51.	In your opinion, what kinds of problems are you having which are not being met by any existing services?
53.	Now we'd like to talk about your child's present schooling: What progress or changes have you seen in your child since he has been in the special training program?
62.	Do you feel that your child is in the correct school placement?
67.	Are you satisfied with the report card your child gets?
72.	What changes could be made in the school program so that your child could get more out of it?

APPENDIX H

ABSTRACT
of
PARENT ATTITUDES IN REARING MENTALLY RETARDED CHILDREN

In this study of 407 mothers of mentally retarded children, we have attempted to determine from the statements of each mother herself, how she proceeded to rear her mentally retarded child. In the electrically recorded interviews, we permitted each mother to speak freely about her feelings and methods of child-rearing; about the child's relationships to the siblings, the father, neighborhood, and the relatives; about her feelings as to the school's program for her child; how she was told the child was retarded and how she accepted it or failed to accept it; what she did when she failed to accept it; the doctors she consulted until she finally did accept it; how she accepts the child at present; and what her plans are for the child's future. All these we attempted to elicit from the mothers either by free expression or by eliciting responses through direct questions from a schedule which was constructed for this study. (Appendix B)

Other books on child rearing for mentally retarded children have stressed advice for mothers on what and how to do for their children. This study does not. Instead, it reports what goes on, not what should be done. Only by a study of what has succeeded rather than what has failed for the mothers in this study can we indicate what a mother would find successful in rearing her mentally retarded child.

The sample for this study included mothers of elementary and secondary educable mentally retarded children as well as mothers of pre-school and school-age severely mentally retarded children. One group of pre-school severely retarded children were being seen by the Child Development Clinic of the Los Angeles Children's Hospital.

In determining an index of the family's background, Warner's revised scales were used and families were compared by upper, middle and lower socio-economic status.

Statistical comparisons were based on the Kolmogorov-Smirnof and Chi-Square tests as determined by the IBM-709 program at the Western Data Processing Center at the University of California at Los Angeles.

Some of the major findings are:

1. Principals, Teachers and Psychologists, in that order, were most often involved in special class placement.
2. Families of lower socio-economic status were most often less accepting of the need for special class placement for their educable mentally retarded child.
3. Mothers who accepted the child without reservations also tended to accept the special class placement more readily.
4. Although mothers of lower socio-economic status families did not accept the need for special class placement they did not object to the placement procedures as much as mothers of middle or upper socio-economic status families.
5. No significant differences existed between Protestant and Catholic mothers in the total acceptance of the retarded child. However, in the placement period more Catholic mothers indicated less satisfaction with the school's approach than did the Protestant mothers.
6. Only half of the families were satisfied with the amount of information they received concerning the psychological test results.
7. Mothers of educable mentally retarded secondary school children were critical of the curriculum in that it did not offer enough practical training for success in the work-a-day world.

At least three recommendations can be made on the basis of this study's findings:

1. Better preparation of parents should be instituted by the schools, both in terms of need for special class placement, and the basis on which the decision is effected.

2. Counseling programs for parents of retarded children are indicated. They should include aid in child-rearing techniques as well as in dealing with feelings of the parents themselves. This might well be in the form of family counseling programs to include all members of the family.
3. Curriculum offerings in the secondary school program for the educable mentally retarded need to be studied in light of the dissatisfaction of the mothers expressing themselves in this study. The mothers' desires for more vocational offerings and work-experience programs designed to make their children independent, producing citizens, seem to be realistic in terms of the stated objectives of special classes for the retarded.